DOCUMENT RESUME

ED 265 388 CE 043 396

TITLE	National Retired Senior Volunteer Program Participant Impact Evaluation. Final Report.
INSTITUTION	Booz Allen and Hamilton, Inc., Washington, D.C.
SPONS AGENCY	ACTION, Washington, D.C.
PUB DATE	Sep 85
NOTE	120p.
PUB TYPE	Reports - Evaluative/Feasibility (142)
EDRS PRICE	MF01/PC05 Plus Postage.
DESCRIPTORS	*Citizen Participation; Comparative Analysis; Longitudinal Studies; National Programs; *Older Adults; *Participant Characteristics; *Participant Satisfaction; Program Effectiveness; Quality of Life; *Retirement; Tables (Data); *Volunteers
IDENTIFIERS	Impact Studies; *Retired Senior Volunteer Program

ABSTRACT

A study examined the long-term effects of participation in the Retired Senior Volunteer Program (RSVP) on participants from 20 RSVP projects nationwide. Three rounds of interviews were conducted. In Round 1, 750 volunteers were interviewed: 595 veteran volunteers and 155 new volunteers. In Round 2, 792 volunteers were intereviewed: 175 new volunteers and 617 volunteers from the earlier round. In Round 3, 677 volunteers were reinterviewed. Data from these interviews were then compared to data collected from the General Accounting Office's longitudinal study entitled "The Well-Being of Older People in Cleveland, Ohio." The RSVP was found to appeal to a broad spectrum of the American public. Compared with the Cleveland cohort, RSVP attracts a healthier group of senior citizens, and continued involvement in RSVP is associated with improved or stable levels of functioning. Continued program participation is associated with participants' enhanced sense of well-being and outlook on life and may stave off the effects of aging. RSVP volunteers also provide meaningful services and contribute indirectly to the national work force. Program effectiveness may be increased by lowering first-year attrition rates. (Appendixes to this report include a glossary, a detailed description of the study design and methodology, sample attrition data, panel composition data tabulations, information on the reliability and validity of the study scales, levels-of-functioning data tabulations, and psychological/sociological scale results.) (MN)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

ED265388

NATIONAL RETIRED SENIOR VOLUNTEER PROGRAM PARTICIPANT IMPACT EVALUATION

- FINAL REPORT -

prepared for

ACTION
Office of Compliance/Evaluation
Division

prepared by

BOOZ · ALLEN & HAMILTON INC.

SEPTEMBER 1985

CE043396

U.S. DEPARTMENT OF EDUCATION
NATIONAL INSTITUTE OF EDUCATION
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)
This document has been reproduced as received from the person or organization originating it.
Minor changes have been made to improve reproduction quality.
• Points of view or opinions stated in this document do not necessarily represent official NIE position or policy.

TABLE OF CONTENTS

PAGE #

List of Exhibits..... i

Executive Summary..... ii

I. INTRODUCTION..... 1

A. Purpose..... 1
B. Background..... 1
C. Methodology..... 2

II. FINDINGS..... 7

A. Demographic Characteristics..... 7
B. Levels of Functioning..... 11
C. Respondent Assessment of Functional Status..... 27
D. Respondent Assessment of RSVP Benefits.... 29

III. CONCLUSIONS AND RECOMMENDATIONS..... 33

A. Major Findings 33
B. Conclusions and Recommendations..... 36

APPENDICES

A. Glossary..... A-1
B. Detailed Study Design and Methodology..... B-1
C. Sample Attrition: RSVP and Cleveland Samples. C-1
D. Panel Composition Data Tabulations..... D-1
E. Reliability and Validity of OARS Scales..... E-1
F. Levels of Functioning Data Tabulations..... F-1
G. Psychological/Sociological Scale Results..... G-1

LIST OF EXHIBITS

		PAGE #
Exhibit 1:	Reasons for Inactive Status Among Former RSVP Volunteers.....	12
Exhibit 2:	Baseline Levels of Functioning Among RSVP Volunteers and Cleveland Aged Population.....	15
Exhibit 3:	Changes in Levels of Functioning Among RSVP Volunteers and Cleveland Aged Population.....	18
Exhibit 4a:	Follow-up Levels of Functioning Among Active Volunteers and Cleveland Aged Population.....	20
Exhibit 4b:	Follow-up Levels of Functioning Among Inactive Volunteers and Cleveland Aged Population.....	21
Exhibit 5a:	Changes in Levels of Functioning Among Veteran Volunteers.....	24
Exhibit 5b:	Changes in Levels of Functioning Among Round 1 New Volunteers.....	25
Exhibit 5c:	Changes in Levels of Functioning Among Round 2 New Volunteers.....	26
Exhibit 6:	Most Important RSVP Benefits.....	32

EXECUTIVE SUMMARY

I. PURPOSE

The National RSVP Participant Impact Evaluation provides the first assessment of the longitudinal effects of program participation on the social resources, mental outlook, physical health and economic resources of the individual volunteers in the Retired Senior Volunteer Program (RSVP).

II. BACKGROUND AND METHODOLOGY

The Retired Senior Volunteer Program was established in 1971 "...to help retired persons to avail themselves of opportunities for volunteer service in their community" (PL 93-113, Title II, 201(a), as amended). With 750 RSVP projects nationwide and more than 360,000 senior volunteers, RSVP is the largest and most diverse of the Older American Volunteer Programs (OAVP) administered by ACTION. Little has been known, however, about volunteers, the value and benefits of program participation to them, or how participation in RSVP affects their functional capabilities over time.

The goal of this research is to fill that information void. In addition, the findings from this study will augment the existing data base on participants in ACTION's OAVP programs, as similar studies with comparable research methods and instrumentation have been conducted for the Senior Companion Program, the Foster Grandparent Program and the Long-Term Care Demonstration Research Project.

The thrust of this report is to highlight the program impact findings, conclusions and recommendations from the full evaluation. It focuses primarily on longitudinal changes in functional status which occurred during this assessment among RSVP volunteers with varying lengths of service, including those who continued to serve in the program as well as those who dropped out. To assess the findings against a backdrop of the functional performance of older Americans in general, data collected from the General Accounting Office's longitudinal study of "The Well-Being of Older People in Cleveland, Ohio" are examined along with comparisons to the 1980 Census data of older Americans.

To assess impact over time, a three-round time series design was used in which information about individual functional status, capabilities and attitudes was gathered from three volunteer groups at three points in time, approximately one year apart. These groups were as follows:

- Veteran RSVP volunteers -- had at least six months of program participation at the time of Round 1; included in Rounds 1, 2 and 3

- Round 1 new RSVP volunteers -- initiated program participation at the time of Round 1; included in Rounds 1, 2 and 3

- Round 2 new RSVP volunteers -- initiated program participation at the time of Round 2; included in Rounds 2 and 3 only

Volunteers have been selected using unbiased sampling procedures from 20 RSVP projects nationwide; the projects are a representative sample of locations covering a diversity of population sizes and densities.

In Round 1, 750 volunteers were interviewed: 595 veteran volunteers and 155 new volunteers. In Round 2, 792 volunteers were interviewed: 175 new volunteers and 617 volunteers from the earlier round. In Round 3, 677 volunteers were reinterviewed.

Data were collected from all individuals through personal interviews using a modified version of the Older American Resources and Services/Multidimensional Functional Assessment Questionnaire (OARS/MFAQ). Functional capacities were measured in terms of 1) social resources, 2) mental outlook, 3) physical health and 4) economic resources. In addition, psychological/sociological measures of well-being were assessed along with respondent perceptions of functional status and program benefits.

III. MAJOR FINDINGS

. Who are RSVP volunteers?

The typical RSVP volunteer is a white, 72-year-old woman who is widowed and living alone in a noninstitutional residence. This volunteer has an average annual income of approximately $9,000, at least a high school education, and gives approximately 5.4 hours of program service per week to RSVP. Volunteers generally serve one to three times per week and provide a variety of services including arts, crafts, entertainment, food preparation and delivery, and community service functions. Volunteers tend to join the program in their late 60s.

Unlike some other programs or activities, interest in RSVP does not peak early nor diminish over time. Commitment to the program (i.e., number of hours served per week)

escalates with years of service. While a significant percentage of new volunteers (approximately 25%) drop out within their first year, the annual program attrition rate among veteran volunteers is considerably lower at 6.5%.

- **How do RSVP volunteers compare with the general aged population?**

RSVP appeals to a broad spectrum of the American public. It captures sizable numbers of men and women from all walks of life. The volunteers, however, are not a true microcosm of the U.S. population 60 years of age or older (as reported by the 1980 Census).

For the most part, RSVP attracts a better educated, younger, more affluent group of female seniors than represented in the general aged population as a whole or the Cleveland comparison group in particular.

- **How do the functional capabilities of RSVP participants compare with nonparticipants?**

The Cleveland sample of older Americans may only partially answer the question of the effects of participation versus nonparticipation on functional capabilities because it is a site-specific rather than nationwide study. However, the evidence is overwhelmingly clear; all results point in the same directions: 1) RSVP attracts a healthier group of seniors than in the comparison group (Cleveland aged population) and 2) RSVP participation is associated with improved or stable levels of functioning while noticeable decrements in functioning are evident among nonvolunteers.

On every measure, the functional capabilities of volunteers, both new and veteran, exceed those of the Cleveland sample. On each of the five OARS measures -- social resources, mental outlook, physical health, economic resources and overall functioning -- continuing RSVP participants displayed significantly better levels of functioning than the comparison group (Cleveland aged population) initially and after one year's time, when the differential starting points and differences in demographic characteristics are discounted. The functional capabilities of continuing volunteers tended to improve or remain stable over time, while those of nonvolunteers diminished, thereby indicating strong evidence of the beneficial effects of continued RSVP participation.

Even in the self-assessments of functional status and the SPES scale used to measure psychological adjustment, the healthiness of RSVP participants is substantially higher than that of nonparticipants.

There is some evidence, albeit modest, of continued or "lasting" effects of RSVP participation after volunteers drop out. Those who tend to drop out for nonhealth-related reasons (i.e., Round 1 new volunteers) exhibit better functioning after one year than those who never serve at all. In contrast, volunteers in the other two groups (i.e., veterans and Round 2 new volunteers) who became inactive tend to resume functional levels representative of the general aged population, as measured by the Cleveland sample which may reflect their primary reasons for deactivation -- poor personal health or poor health of family members.

- **How do the functioning capabilities of volunteers with varying lengths of service change over time?**

The research revealed that the levels of functioning of veteran and new volunteers did not differ appreciably initially nor upon subsequent evaluation. To some extent, veterans registered slightly better levels of functioning (as measured by the five OARS measures and the psychological scales) than the newest group of volunteers.

The most dramatic differences in functioning emerge between those who continue to serve in the program and those who drop out. The research indicates that volunteers who continue to serve exhibit either improved functioning or slower rates of functional deterioration than those who leave the program. That is to say, continued program participation may stave off the effects of aging.

Lastly, active volunteers, regardless of length of service, report more positive attitude changes attributed to RSVP and more benefits associated with program involvement than inactive volunteers, reinforcing the positive impact of RSVP involvement in ways not directly measured by the OARS or psychological scales.

IV. CONCLUSIONS AND RECOMMENDATIONS

- **RSVP involvement favorably affects older Americans**

Positive effects of program involvement are seen in both "tangible" and "intangible" ways. The program provides an opportunity for social interaction and engenders feelings of usefulness and accomplishment. Moreover, it is associated with enhanced levels of functioning. Socially, mentally, physically and, to a lesser degree, economically, RSVP volunteers are better off than those who never serve in the program. Furthermore, those who remain active display levels of functioning which exceed those of volunteers who subsequently drop out of the program.

It is difficult, indeed virtually impossible, to unravel whether the program keeps seniors healthy or whether the healthy stay in the program. It may be that the healthy, because of their background and social support systems, avail themselves of RSVP activities and "self-select" to remain in the program, while those less healthy or favorably disposed never volunteer or, if they do, subsequently drop out. Alternatively, it is entirely possible that RSVP is, in fact, the cause of improved or stabilized functioning.

The question of causality cannot be directly answered by this or any evaluation conforming to social science research standards. Despite this limitation, the research has definitely shown that superior levels of functioning are associated with or in some way connected with RSVP involvement.

- **Continued program participation is associated with participants' enhanced sense of well being and outlook on life and may stave off the effects of aging**

RSVP volunteers do not suffer from "burnout"; volunteers do not drop out and reactivate as a general rule. Volunteers continue over the years to display a vigor and enthusiasm for the program that is relatively rare among programs of this type. Hours of service increase and involvement intensifies with years of service. RSVP volunteers perceive that their own health and well being are maintained or improved by taking part in the program. While objective signs point to diminishing levels of functioning over time, the rate of deterioration is slower among those who continue to serve in the program compared to those who drop-out.

- **RSVP attracts those not served by ACTION's other older American programs, although appeal may be broadened**

While RSVP does not attract all older Americans, it does serve as an important vehicle for keeping a large segment of older Americans involved. Since other older American programs offered by ACTION are restricted to low-income seniors, RSVP is filling a void by appealing to a significant and important segment of older Americans not served by other ACTION programs.

Nevertheless, additional effort might be devoted to attracting more men, less affluent and less well-educated seniors.

- **RSVP volunteers provide meaningful services and contribute indirectly to the national workforce**

  In this study, volunteers report serving an average of approximately five hours per week, which is somewhat higher than the national estimates derived from other program sources. Nonetheless, volunteers contribute a substantial number of volunteer hours on a weekly and yearly basis.

  They engage in productive work-related activities (e.g., food preparation, clerical/sales functions, community service) and contribute enormously to enhancing the lives of others (e.g., friendly visiting/calling, entertaining). In this context, RSVP provides a vehicle for "working" beyond the traditional working-years and captures the true spirit of volunteerism.

- **Program effectiveness may be increased by lowering first-year attrition rate**

  In a program where screening is not part of the process, it is inevitable that self-selection will weed out those without sustained commitment, and the effects of this process will be seen within the first year. Although the 25% attrition rate is not overly large, steps might be taken to reduce the amount of turnover, such as quicker assignment of duties, development of a buddy system, and clearer or more realistic explanation of the effects and benefits of participation.

I. INTRODUCTION

A. Purpose

The National RSVP Participant Impact Evaluation provides the first assessment of the longitudinal effects of program participation on the physical health, social resources, mental outlook and economic resources of the individual volunteers in the Retired Senior Volunteer Program (RSVP). It provides information on the value and benefits of RSVP as perceived by the participants and on the effectiveness of RSVP as a vehicle for improving or maintaining functional capabilities.

B. Background

The Retired Senior Volunteer Program was established in 1971 "...to help retired persons to avail themselves of opportunities for volunteer service in their community" (PL 93-113, Title II, 201(a), as amended). Through Federal grants ACTION supports local community and governmental agencies in establishing and maintaining local Retired Senior Volunteer Program projects. RSVP projects recruit and place volunteers over the age of 60 in volunteer "stations" which provide a variety of community services.

Volunteer stations include:

- Senior centers
- Nutrition centers for the elderly
- Hospitals and nursing homes
- Health associations (e.g., Red Cross, Cancer Society)
- Religious institutions (e.g., churches)
- Educational institutions (e.g., schools, libraries)
- Community centers
- Craft and thrift shops
- Governmental agencies

Volunteer activities include:

- Food preparation and service
- Arts and crafts
- Friendly visiting/calling
- Transportation
- Clerical/sales
- Entertainment and recreation
- Tutoring/education
- Personal care/services

There are no established limits on the number of hours of

volunteer activity per week. Some volunteers may work several hours each day; others may work several hours a month. While most volunteers work on a regular basis throughout the year, some participate seasonally or irregularly. RSVP volunteers receive no stipend. The provision of transportation and/or meals is at the discretion of the RSVP project. Volunteers are covered by accident and liability insurance while engaged in volunteer activities.

With 750 RSVP projects nationwide and more than 360,000 senior volunteers, RSVP is the largest and most diverse of the Older American Volunteer Programs (OAVP) administered by ACTION. Little has been known, however, about volunteers, the value and benefits of program participation to them, or how participation in RSVP affects their functional capabilities over time.

The purpose of this research is to fill that information void by providing a national assessment of the short-term and long-term impact on individual functional levels and perceived program benefits.

The findings from this study augment the existing data base on participants in ACTION's OAVP programs. Similar studies with comparable research methods and instrumentation have been conducted for the Senior Companion Program, the Foster Grandparent Program and the Long-Term Care Demonstration Research Project. The availability of comparable data on the populations represented will facilitate both future cross-program comparisons and more in-depth analyses on the effects of aging.

The thrust of this report is to highlight the program impact findings, conclusions and recommendations from the full evaluation. Included are baseline functional status measures obtained upon initial interview and functional status changes which occurred during this three-year longitudinal assessment. The report focuses on volunteers with varying lengths of RSVP service -- including those who remained <u>active</u> in RSVP throughout the study and those who became <u>inactive</u>, i.e., permanently dropped out of the program. Additionally, functional status comparisons are made to the general aged population. Lastly, the report addresses several methodological issues germane to the interpretation and representativeness of the research findings.

C. <u>Methodology</u>

The RSVP Participant Impact Evaluation is designed to measure the benefits and effects of participation on the RSVP volunteers over time. This impact is assessed through analysis of

information gathered about individual functional status, capabilities and attitudes from three volunteer groups at three different points in time. The three groups are:

- Veteran RSVP volunteers -- had at least six months of program participation at the time of Round 1; data collected at Rounds 1, 2 and 3

- Round 1 new RSVP volunteers -- initiated program participation at the time of Round 1; data collected at Rounds 1, 2 and 3

- Round 2 new RSVP volunteers -- initiated program participation at the time of Round 2; data collected at Rounds 2 and 3 only

Veterans represent a group of volunteers whose tenure with RSVP was five years, on average, at Round 1. New volunteers in Rounds 1 and 2 initiated RSVP service concurrently with induction into the study.

Data were collected from each group approximately 12 months apart. Round 1 data collection took place during the six months between September 1982 and February 1983. In Round 2, data were collected in the seven months between November 1983 and May 1984. In Round 3 data were collected in the six months between October 1984 and March 1985.

Volunteers have been selected using unbiased sampling procedures from 20 RSVP projects across the country; the projects themselves are a representative sample of locations, consisting of:

- Rural counties
- Medium cities/rural counties
- Medium cities
- Large cities
- Urban counties

In Round 1, a total of 750 RSVP volunteers were interviewed -- 595 veterans and 155 new volunteers. In Round 2, another group of 175 new volunteers was included, while re-interviews were attempted with all Round 1 volunteers regardless of their program participation status. In Round 3, every effort was made to re-interview those volunteers interviewed in Round 2, including those who remained active, those who remained or became inactive, and a handful of Round 2 inactive volunteers who renewed their active status in Round 3. The distribution of respondents is:

	RSVP Volunteer Group		
	Veterans	Round 1 New Volunteers	Round 2 New Volunteers
Round 1	**545**	**155**	-
Round 2	**506**	**111**	**175**
Active	(473)	(79)	(175)
Inactive	(33)	(32)	-
Round 3	**442**	**89**	**146**
Active	(398)	(65)	(117)
Inactive	(44)	(24)	(29)

Thus, 442 veteran volunteers were interviewed in all three data collection rounds. The overwhelming majority of these volunteers (90%) continued to remain active in RSVP. The Round 1 new volunteers, 89 of whom continued in the study through Round 3, averaged 1.8 years of RSVP service; 70% remained active in RSVP. Among Round 2 new volunteers, 146 were reinterviewed in Round 3; the average RSVP service was about nine months; 80% were still affiliated with RSVP.

This final report focuses primarily on those volunteers who cooperated fully with the study, i.e., were interviewed each time an attempt was made. Because this final group of volunteers represents a subset of those initially interviewed, statistical analyses were performed to ensure that panelists interviewed at Round 3 were representative of all panelists who initiated the study. Overall, each volunteer group -- veterans and Rounds 1 and 2 new volunteers -- has remained largely intact throughout the study. While some areas of difference are noted, they do not negate the conclusion that the subset of fully cooperative RSVP volunteers is representative of all volunteers studied. More detailed results of the attrition analysis can be found in Appendix C.

Throughout the study, data were collected from all individuals through personal interviews using a modified version of the Older American Resources and Services/Multidimensional Functional Assessment Questionnaire (OARS/MFAQ). This instrument, widely used in other research efforts, is generally regarded as the most comprehensive, valid and reliable instrument of its kind available to the research community. The OARS questionnaire collects a full range of information on an individual's living situation and attitudes which provides the means for rating each person's functional status (or level of impairment) in the following five areas:

- Social resources
- Mental outlook
- Physical health
- Economic resources
- Activities of daily living

The last area -- activities of daily living -- was excluded from the RSVP evaluation because RSVP volunteers can perform such daily functions as dressing, eating, housework and the like without difficulty.

The findings presented in the next chapter use descriptive and inferential statistical techniques to report differences in levels of functioning and perceptions among the volunteer groups. Key differences and similarities are discussed.

To assess the findings against a backdrop of the functional performance of older Americans in general, data collected from the General Accounting Office's Longitudinal study of "The Well-Being of older People in Cleveland, Ohio" are examined along with comparisons to the Census data of older Americans. These comparisons were performed for two reasons: 1) to assess the generalizability of the research findings to the broader aged population and 2) to gauge the meaningfulness of RSVP functional status changes. Since the Cleveland sample serves as a quasi-control group and data were collected at two points in time (1975 and 1976), attrition analyses were performed on this data base (similar to the RSVP sample) to see whether respondents who were interviewed in both rounds were representative of the respondents who initiated the Cleveland Study. Similar to RSVP, some differences are noted, none of which change the conclusion that fully cooperative Cleveland seniors are representative of the total Cleveland study population. (See Appendix C for detailed results.)

Appendix A contains a glossary of terms and key words used throughout the report. More in-depth coverage of the study methods and analytic techniques used to derive the results are found in Appendix B.

II. FINDINGS

The full evaluation provides a wealth of information about RSVP volunteers, the highlights of which are summarized here. Interim findings from the first and second rounds were documented in separate reports (September 1984 and February 1985 respectively). The thrust of this final report is to highlight data which have a direct bearing on the two key research questions posed by this investigation:

- Who are RSVP volunteers and how do they compare with the general population of older Americans?

- In what functional areas, if any, are the impacts of RSVP participation registered, and what is the nature of these impacts? Are there short-term and long-term impacts and are different subgroups affected differentially?

To address these questions the findings have been organized into the following four sections:

A. Demographic Characteristics

B. Levels of Functioning

C. Respondent Assessment of Functional Status

D. Respondent Assessment of RSVP Benefits

Appendices D through G contain detailed data tabulations and further discussion of the research findings.

A. Demographic Characteristics

The key demographic characteristics examined include 1) sex, 2) age, 3) ethnicity, 4) marital status, 5) educational level, 6) income, 7) living arrangements and 8) place of residence. Length of RSVP service, frequency of participation, and types of activities performed are the program characteristics analyzed.

Three sets of comparisons are made:

1. RSVP Volunteer Profiles

2. New RSVP Volunteer and General Aged Population Profiles

3. Active and Inactive RSVP Volunteer Profiles

1. RSVP Volunteer Profiles

The demographic and program characteristics of the three volunteer groups -- veterans and Rounds 1 and 2 new volunteers -- were examined. Overall, volunteers in all three groups are similar to one another in terms of their demographic profiles. (See Appendix D, Table D-1 for detailed tabulations.)

Who is the typical RSVP volunteer?

- Woman (80%)
- 72 years of age
- White (86%)
- Widowed (50%)
- Lives alone (48%)
- Resides in noninstitutional setting (98%)
- At least high school education (60%)
- Average annual income of about $9,000

How often and what kind of service does a RSVP volunteer provide?

- Average of 5.4 hours per week
- Most (76%) volunteer one to three times per week
- Multiple activities performed, including:
  - Arts and crafts, entertainment (34%)
  - Visiting/assistance to others (31%)
  - Clerical/sales functions (30%)
  - Food preparation/delivery (29%)
  - Community service (28%)

The types of activities engaged in do not vary across volunteer groups. Commitment to RSVP, however, appears to increase with tenure in the program, as hours of RSVP service are greatest among veteran volunteers, reporting an average of 5.7 RSVP hours per week, while Rounds 1 and 2 new volunteers both average 4.6 hours per week respectively. (See Table D-2.)

Veteran volunteers have been affiliated with RSVP for an average of 7.3 years. Among new volunteers, those first interviewed in Round 1 average 1.8 years in the program, while those first interviewed in Round 2 average just under one year (mean of .8 years).

New and veteran volunteers differ demographically only in terms of age and income. Veteran volunteers are an average of five to six years older than Rounds 1 and 2

new volunteers (74 years, 69 years and 68 years respectively). Given the average length of time in the program, these data indicate that volunteers first join RSVP at about age 67.

The younger group of new volunteers (i.e., those first interviewed in Round 2) report higher average annual incomes at the study's conclusion than the other two volunteer groups ($11,500 versus $9,200 respectively). This may be in part because a larger proportion of these volunteers were currently employed at the time of last interview.

2. New RSVP Volunteer and General Aged Population Profiles*

Who is the typical new RSVP volunteer?

- Woman (76%)
- 67 years of age
- White (88%)
- Married or widowed (42% each)
- At least high school education (62%)
- Average annual income of about $9,000 at program entry

Persons who become involved in RSVP programs are considerably different from older Americans in general and the Cleveland aged population in particular. (See Appendix D, Tables D-3 and D-4.)

How are new RSVP volunteers different from other older Americans, both in Cleveland and in general?

- Better educated
- Noticeably younger
- More affluent
- Disproportionately women

Additionally, new RSVP volunteers at program entry are more likely to be widowed than older Americans in the U.S. aged population (as reported in the 1980 Census).

New RSVP volunteers compared to the Cleveland aged

*New volunteers are compared to the general aged population as reported in the 1980 Census data for persons 60 years of age or older and older Americans as represented from the Cleveland study of well-being.

population are predominately white.*

In summary, it may be that RSVP appeals to a particular group of seniors who are more able, because of their background and social support systems, to avail themselves of the benefits of RSVP-type activities.

3. Active and Inactive RSVP Volunteer Profiles

Some persons who are attracted to RSVP subsequently disassociate themselves from the program. Some volunteers do so after several years of service while others do so after short stints in the program. Thus, each volunteer group contains persons who remained active in RSVP throughout the study (i.e., continuing volunteers) and persons who became inactive sometime between their first and last interview (i.e., program dropouts).

It should be noted that there were a handful of volunteers -- six veterans and three Round 2 new volunteers -- who changed from inactive in Round 2 to active in Round 3, suggesting that reactivation occurs, but is relatively rare. Closer examination of these cases indicates that these volunteers clearly had an intent to disaffiliate permanently, but subsequently found a void in their lives and therefore returned to RSVP activity.**

The rate at which volunteers disaffiliate differs significantly by length of time in the program, with the largest drop occurring in the first year of activity.

What is the average yearly program attrition rate?	
. First year:	24.5%
. Second year:	11.0%
. Subsequent years:	6.5%

*The Cleveland study was selected for comparison to the RSVP population because that survey collected longitudinal data from a random sample of Cleveland senior citizens using the same survey instrument as this evaluation (OARS/MFAQ). While this data base does have limitations because it is demographically different from the general aged population, it does provide a sound basis for assessing the functional status of RSVP participants in relation to other older Americans who are nonprogram participants.

**These cases are treated as active rather than inactive in subsequent analyses.

The reasons for inactivity clearly illustrate the value and impact of program commitment. (See Exhibit 1.)

- Poor personal health or that of family members propels veterans to disaffiliate
- Program reasons (e.g., dissatisfaction, lack of assignments) or other interests (e.g., paying jobs) prompt Round 1 new volunteers to drop out
- Varied reasons (largely health-related) drive Round 2 new volunteers to deactivate

Lack of commitment to RSVP is evident among new volunteers in terms of hours served and tenure in the program. New volunteer dropouts in both groups tend to report fewer hours of service on average compared to their counterparts who remained in the program. Additionally, inactive volunteers have served a significantly shorter period of time than active volunteers, even among veterans.

While no pattern emerges to define dropouts, continuing volunteers and program dropouts in each volunteer group are, for the most part, not significantly different from one another in terms of their demographics. The differences noted are:

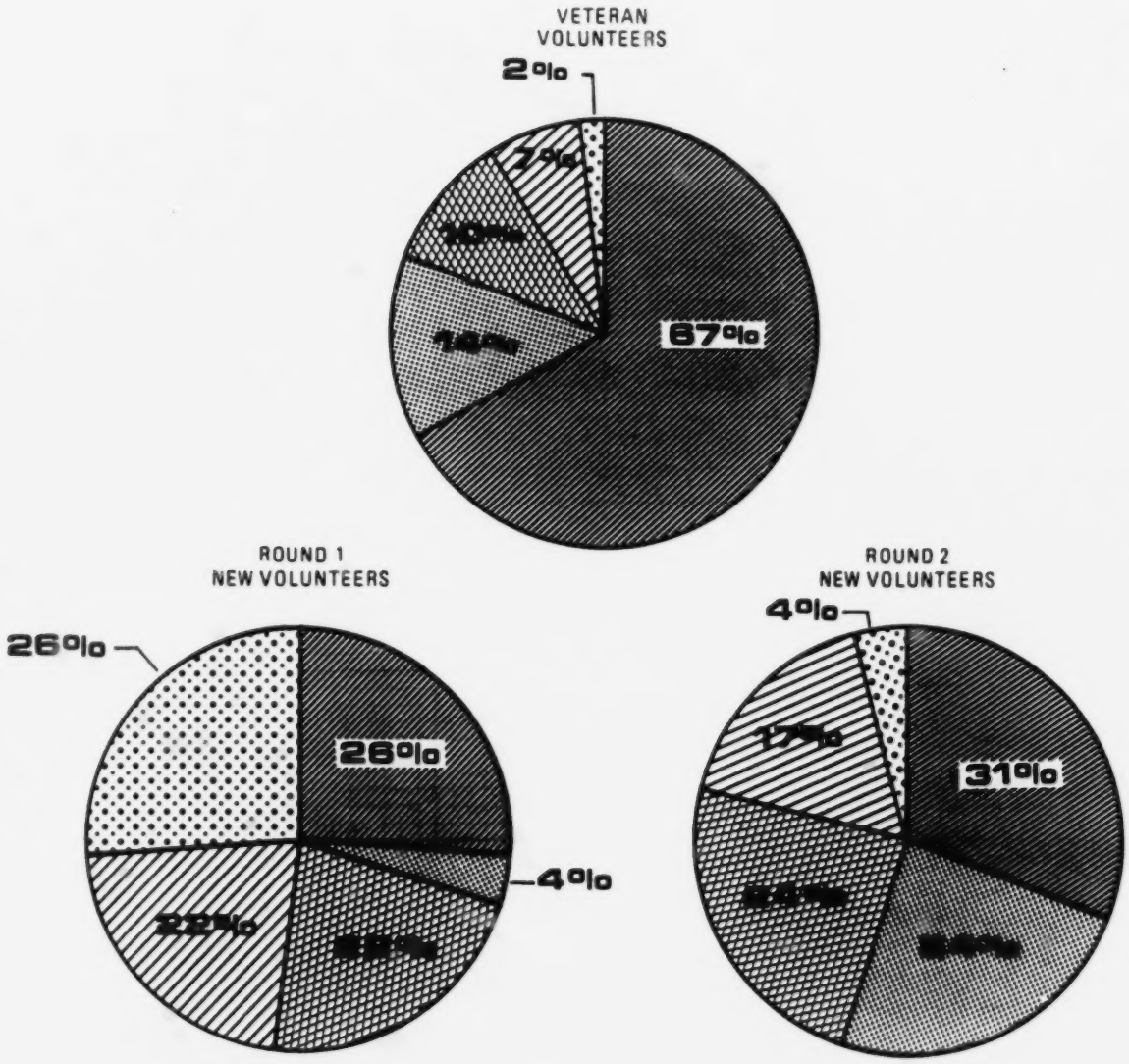
- Veterans -- Inactives are an average of one year older than actives
- Round 2 new volunteers -- Inactives have higher annual incomes, are somewhat younger and work in predominantly urban project locations compared to actives
- Round 1 new volunteers -- Inactives are somewhat younger and more affluent than actives

These findings suggest that veteran volunteers, once established in the program, continue to serve until such time as their physical health prohibits them from remaining active. In contrast, new volunteers drop out with greater frequency for a wide variety of reasons, many of which reflect a lack of full commitment to the program.

B. Levels of Functioning

OARS scale ratings were used to measure individual levels of functioning in four specific areas:

Exhibit 1
REASONS FOR INACTIVE STATUS
AMONG FORMER RSVP VOLUNTEERS



- Social resources
- Mental outlook
- Physical health
- Economic resources

Each specific area is rated on a 6-point scale where 1 indicates excellent functioning or no impairment and 6 means significant impairment. Overall level of functioning was assessed by the cumulative score of the four discrete areas. The cumulative score can range from 4 to 24 with scores of 10 or below representing good to excellent functioning, those between 11 and 14 indicating some impairment, and those 15 or above corresponding to significant impairment. For all measures, the lower the score the better the functioning, the higher the score the greater the impairment.*

The OARS performance scores represent the primary measures of levels of functioning used in this evaluation. Ancillary psychological and sociological scales widely used in gerontological research were investigated in addition to OARS performance. Included were the Philadelphia Geriatric Center (PGC) Morale Scale, the Short Psychiatric Evaluation Schedule (SPES), and Srole's Anomia Scale.

Results on the ancillary functioning scales parallel the findings of the OARS scores. Detailed discussion of the findings and data tabulations on the psychological/sociological scales can be found in Appendix G. This section focuses exclusively on the OARS performance measures.

The assessment of OARS functioning is divided into the five following sections:

1. Baseline Functional Status of Veteran and New RSVP Volunteers and Cleveland Aged Population

2. Baseline Functional Status of Active and Inactive RSVP Volunteers

3. Impact of RSVP Participation versus Nonparticipation on Functional Status During One Year's Time

4. Longitudinal Changes in Functional Status within Volunteer Groups Across All Data Collection Rounds

5. Functional Status of Veteran and New RSVP Volunteers at Round 3

*Assessment of the reliability of the OARS scales is provided in Appendix E.

1. Baseline Functional Status of Veteran and New RSVP Volunteers and Cleveland Aged Population

RSVP volunteers, regardless of length of service, initially displayed good to excellent functioning on all but the physical health measure.

What is the functional status of RSVP volunteers when first interviewed?

- Social resources: good to excellent
- Mental outlook: good to excellent
- Physical health: mildly impaired
- Economic resources: good
- Cumulative score: very good

Modest differences in functional status were seen among the three RSVP volunteer groups -- veterans and Rounds 1 and 2 new volunteers -- when the initial readings were taken. Differences emerged for the social and mental resources scales, where the most recent group of new volunteers (Round 2) registered somewhat lower levels of functioning compared to the other two volunteer groups. (See Appendix F, Table F-1 for detailed tabulations.)

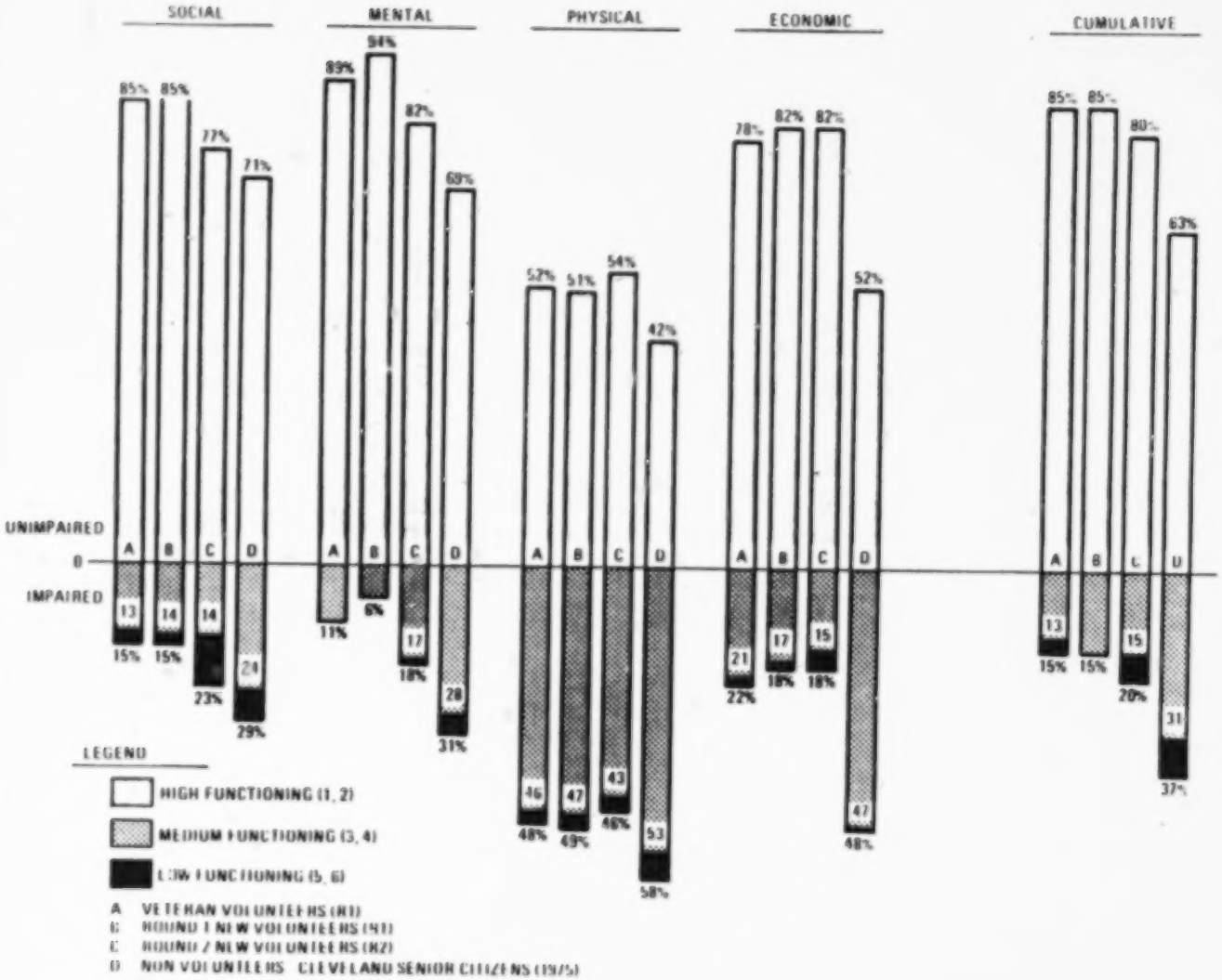
What is the functional status of the comparison group (Cleveland senior citizens) when first interviewed?

- Social resources: mildly impaired to good
- Mental outlook: mildly impaired to good
- Physical health: mildly impaired
- Economic resources: mildly impaired to good
- Cumulative score: mildly impaired to good

Comparison of the initial functioning levels of the four groups -- three RSVP groups and Cleveland seniors -- reveals the identical pattern across all five OARS dimensions. On each scale, the functioning levels of the three RSVP groups were quite similar, and somewhat higher than the Cleveland sample. (See Exhibit 2.)

Thus, RSVP volunteers, in general, registered better levels of functioning than Cleveland seniors when first interviewed. More importantly, new RSVP volunteers at program entry also displayed better functioning than the Cleveland aged population, suggesting that RSVP attracts a healthier group of seniors than the general aged population at large.

Exhibit 2
BASELINE LEVELS OF FUNCTIONING AMONG RSVP VOLUNTEERS AND CLEVELAND AGED POPULATION
(Percentage Comparisons)



2. Baseline Functional Status of Active and Inactive RSVP Volunteers*

For the most part, the baseline levels of functioning of volunteers who remained active in RSVP tended to be better than those who dropped out of the program. Differences among the three volunteer groups were noted, with veterans and Round 2 new volunteers following one pattern and Round 1 new volunteers following another. (See Appendix F, Table F-2 for detailed tabulations.)

What is the baseline functional status of active and inactive veteran and new RSVP volunteers?

- Veterans -- actives very good/inactives good
- Round 1 new volunteers -- actives and inactives both very good
- Round 2 new volunteers -- actives very good/ inactives good

Veterans who continued in the program were better off (with the exception of economic resources) when the baseline profile was taken than those who later dropped out.

Among Round 1 new volunteers, however, the functioning levels of active and inactive volunteers were not substantially different (i.e., both generally very good), although the balance was tipped slightly in favor of inactive volunteers. Finally, among Round 2 new volunteers, actives have slightly higher level of functioning than inactives, although this difference was not as large as that among veteran volunteers.

These initial differences are best understood within the context of reasons for inactive status -- veterans and Round 2 new volunteers reported personal and family health problems while Round 1 new volunteers lost interest and found other jobs.

3. Impact of RSVP Participation versus Nonparticipation on Functional Status During One Year's Time

Changes in levels of functioning which occurred in a one-year time frame were examined for RSVP volunteers and Cleveland seniors to assess the effect of RSVP participation on functional status. First, the actual

*Defined by their participation status as of Round 3.

baseline (i.e., year-one) and year-two OARS scores were compared.

What happens to the functional status of RSVP volunteers and comparison group (Cleveland seniors) over time?

One Year Changes in Functioning	RSVP Volunteers	Cleveland Seniors
. Social resources	Improved	Deteriorated
. Mental outlook	Stable	Stable
. Physical health	Deteriorated	Deteriorated
. Economic resources	Improved	Deteriorated
. Cumulative score	Improved slightly	Deteriorated considerably

Exhibit 3 following shows that Cleveland seniors' functional status as measured by the OARS scales either remained the same or deteriorated in one year's time, while RSVP volunteers' remained the same or improved somewhat. Thus, the differences between the groups (i.e., volunteers and nonvolunteers) appear to grow larger over time, suggesting that RSVP participation isassociated with improved functional capabilities.

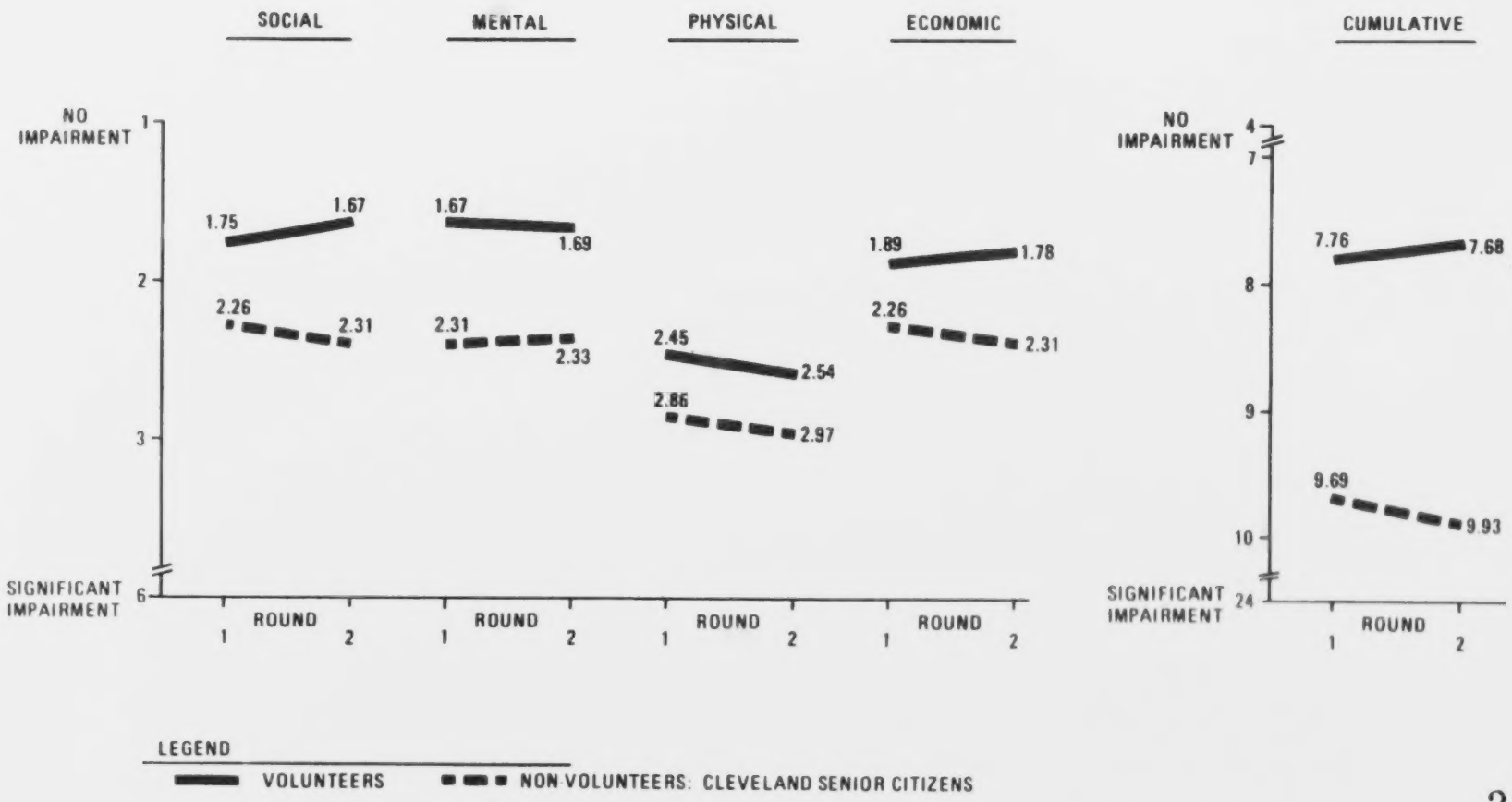
Within the three RSVP volunteer groups -- veterans and Rounds 1 and 2 new volunteers -- modest functional status fluctuations were noted in the one-year time frame. Except for physical health, the functioning levels of veteran and new volunteers remained basically stable or showed marginal improvement during this time period. The physical health of veterans and Round 2 new volunteers dropped substantially, while the physical health of Round 1 new volunteers showed some improvement. (See Appendix F, Table F-3.)

Thus far, these analyses have not taken into account the initial functional status differences noted at year one for volunteers and Cleveland seniors. Because they started out better than their Cleveland seniors, RSVP volunteers may have been less prone to deterioration.

In order to counteract these differences, Analysis of Covariance was used to compare the year-two functioning levels of volunteers and nonvolunteers while controlling for the differential starting points of the respondents.*

*It should be noted that key demographic variables (e.g., income, age) were also controlled for to negate any possible mediating effects that these characteristics might have on functioning.

Exhibit 3
CHANGES IN LEVELS OF FUNCTIONING AMONG RSVP VOLUNTEERS AND CLEVELAND AGED POPULATION
(Mean OARS Scores)



Because some RSVP volunteers dropped out of the program while others continued to participate during the one-year time frame under examination, two separate analyses were performed:

- Comparison of active RSVP volunteers with the Cleveland sample
- Comparison of inactive RSVP volunteers with the Cleveland sample

The former analysis allows one to assess the effect of continuing RSVP participation versus no participation at all, while the latter enables one to assess the residual or "lasting" effects of ever having served in RSVP versus not having served at all.

The results of these analyses are displayed in Exhibits 4a and 4b and are summarized below.

After one year of participation, how do RSVP volunteers compare to nonvolunteers (taking account of initial differences in functioning levels)?

- Active RSVP volunteers versus Cleveland:
  - Volunteers function significantly better on all five OARS measures
  - Among volunteer groups, there are no significant differences
- Inactive RSVP volunteers versus Cleveland:
  - No differences between groups on mental resources or overall functioning
  - On social resources and physical health, Round 1 new volunteers continue to function better than Cleveland seniors even after discontinued RSVP participation; other volunteers show no differences

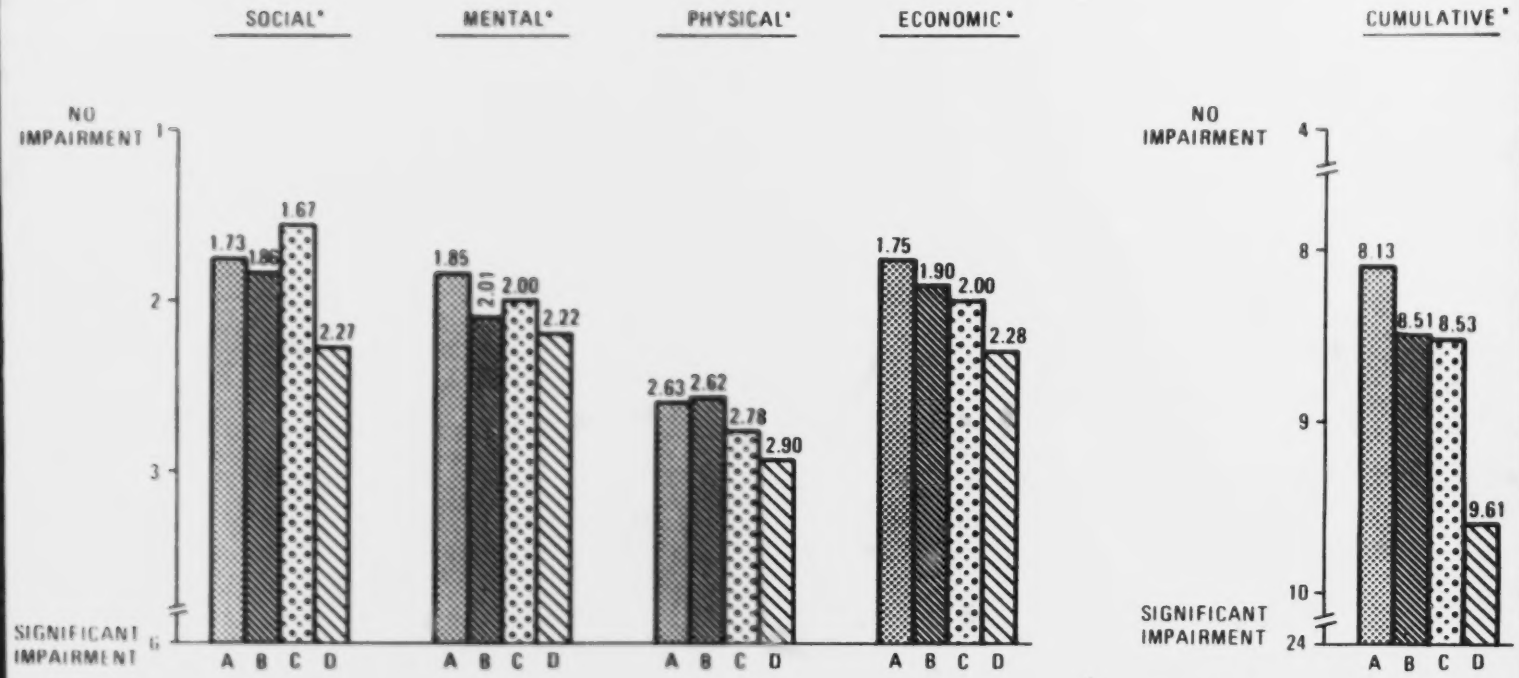
In summary, continued RSVP participation is associated with stabilized or improved functional status compared to non-participation where functional status declines.

There is some evidence, albeit modest, to suggest that lasting functional status effects of RSVP participation continue to be felt after participation terminates, and may

Exhibit 4a

FOLLOW-UP LEVELS OF FUNCTIONING AMONG ACTIVE VOLUNTEERS AND CLEVELAND AGED POPULATION

(Adjusted Mean OARS Scores) +



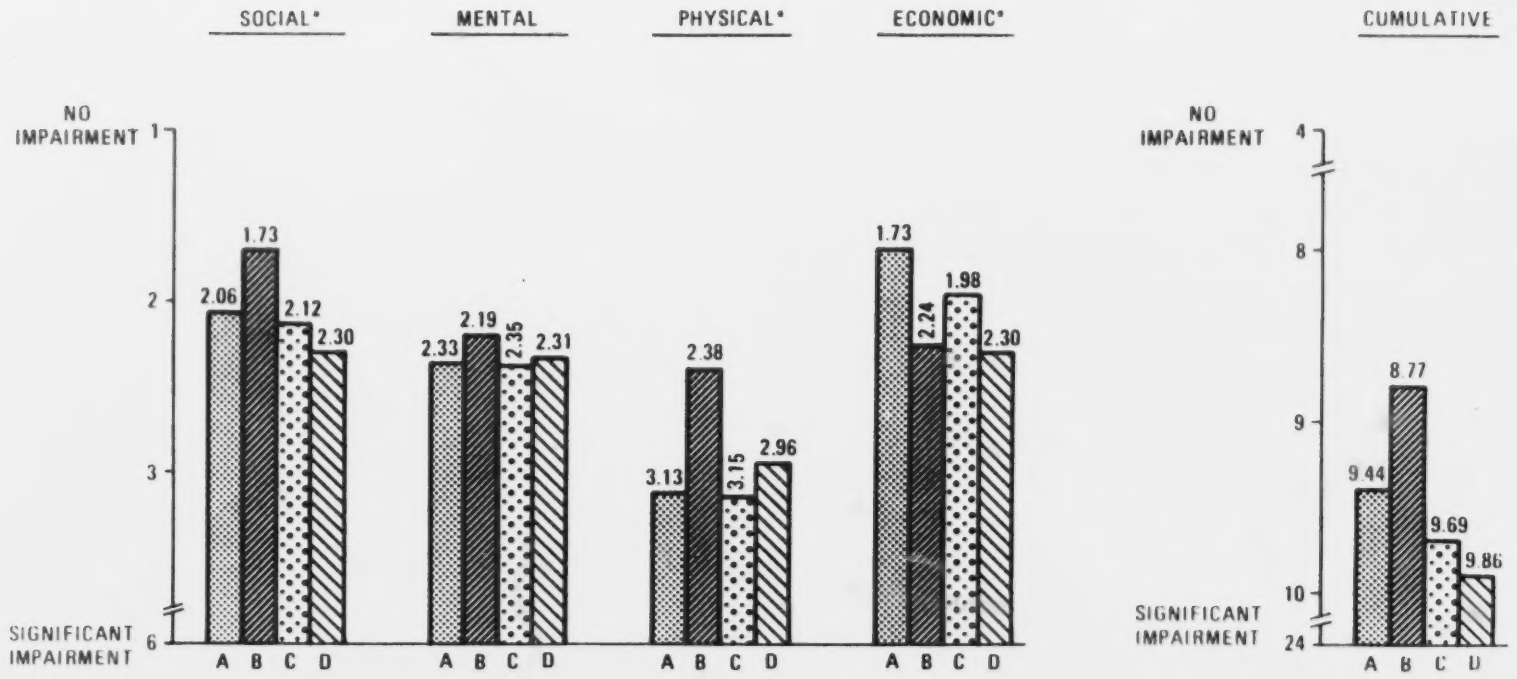
A VETERAN VOLUNTEERS (R2)
B ROUND 1 NEW VOLUNTEERS (R2)
C ROUND 2 NEW VOLUNTEERS (R3)
D NON VOLUNTEERS: CLEVELAND SENIOR CITIZENS (1976)

---

* Differences among groups are statistically significant at .05 level of significance

\+ Reflect second year OARS scores after partialling out confounding effects of baseline OARS scores, age and income

Exhibit 4b
FOLLOW-UP LEVELS OF FUNCTIONING AMONG
INACTIVE VOLUNTEERS AND CLEVELAND AGED POPULATION
(Adjusted Mean OARS Scores)+



A VETERAN VOLUNTEERS (R2)
B ROUND 1 NEW VOLUNTEERS (R2)
C ROUND 2 NEW VOLUNTEERS (R3)
D NON VOLUNTEERS: CLEVELAND SENIOR CITIZENS (1976)

* Differences among groups are statistically significant at .05 level of significance

\+ Reflect second year OARS scores after partialling out confounding effects of baseline OARS scores, age and income

be a function of self-selection. This result emerges primarily among those volunteers who drop out for nonhealth related reasons (i.e., Round 1 new volunteers). This RSVP volunteer group continues to exhibit superior levels of functioning compared to the Cleveland comparison group after one year's time. The other two volunteer groups (i.e., veterans and Round 2 new volunteers) tended to drop out for personal or family health reasons. Not surprisingly, these groups show a decline in functioning and resume levels representative of the general aged population as measured by the Cleveland sample.

4. Longitudinal Changes in Functional Status within Volunteer Groups Across All Data Collection Rounds

The previous discussion described the impact of RSVP participation versus nonparticipation over a one-year time period. The following discussion focuses on the longer term effects of RSVP participation by measuring changes which occurred across all three data collection rounds. This enhances the assessment of RSVP impact by providing a longer time span in which to measure more stable or lasting effects of RSVP involvement. First, changes across the three volunteer groups as a whole are described. This is followed by an examination of the changes within each volunteer group among active and inactive volunteers.*

Modest changes in functional status across veterans and new volunteers were noted during the full evaluation. Across the three rounds of data collection, the volunteer groups continued to function well socially, mentally and economically, although some deterioration on these dimensions did occur. Lastly, the physical health of all three volunteer groups declined noticeably during this evaluation. The diminished levels of functioning over time is, in itself, not surprising, since one would expect the aging process to cause decrements in functioning. (See Appendix F, Table F-5 for detailed tabulations.)

While the groups as a whole tended to exhibit similar changes, noteworthy differences emerged among active and inactive volunteers in each group, with continued RSVP participation associated with a slower rate of decline in functional status. Exhibits 5a, 5b, and 5c on pages 24, 25 and 26 illustrate the results for each volunteer group.

*Repeated Measures Analysis of Variance was used for this analysis.

What are the long-term effects of RSVP participation on functional status among active and inactive volunteers in each group?

- Veterans: continued participation appears to play role in staving off aging effects (i.e., actives show slower rate of decline in functioning than inactives on each measure)
- New volunteers: varied effects; strongly influenced by reasons for dissafiliation
  - Round 1: no significant differences between actives/inactives
  - Round 2: same pattern as veterans

5. Functional Status of Veteran and New RSVP Volunteers at Round 3

As a final component to the assessment of RSVP volunteers' functioning, Analysis of Covariance was used to measure the level of functioning of RSVP volunteers at Round 3, while controlling for baseline functioning.

This analysis confirmed that no differences in functioning exist among the three volunteer groups as a whole at the study's conclusion. Both veterans and Rounds 1 and 2 new volunteers display good to very good social, mental and economic functioning, and mild physical impairment. (See Appendix F, Table F-6.)

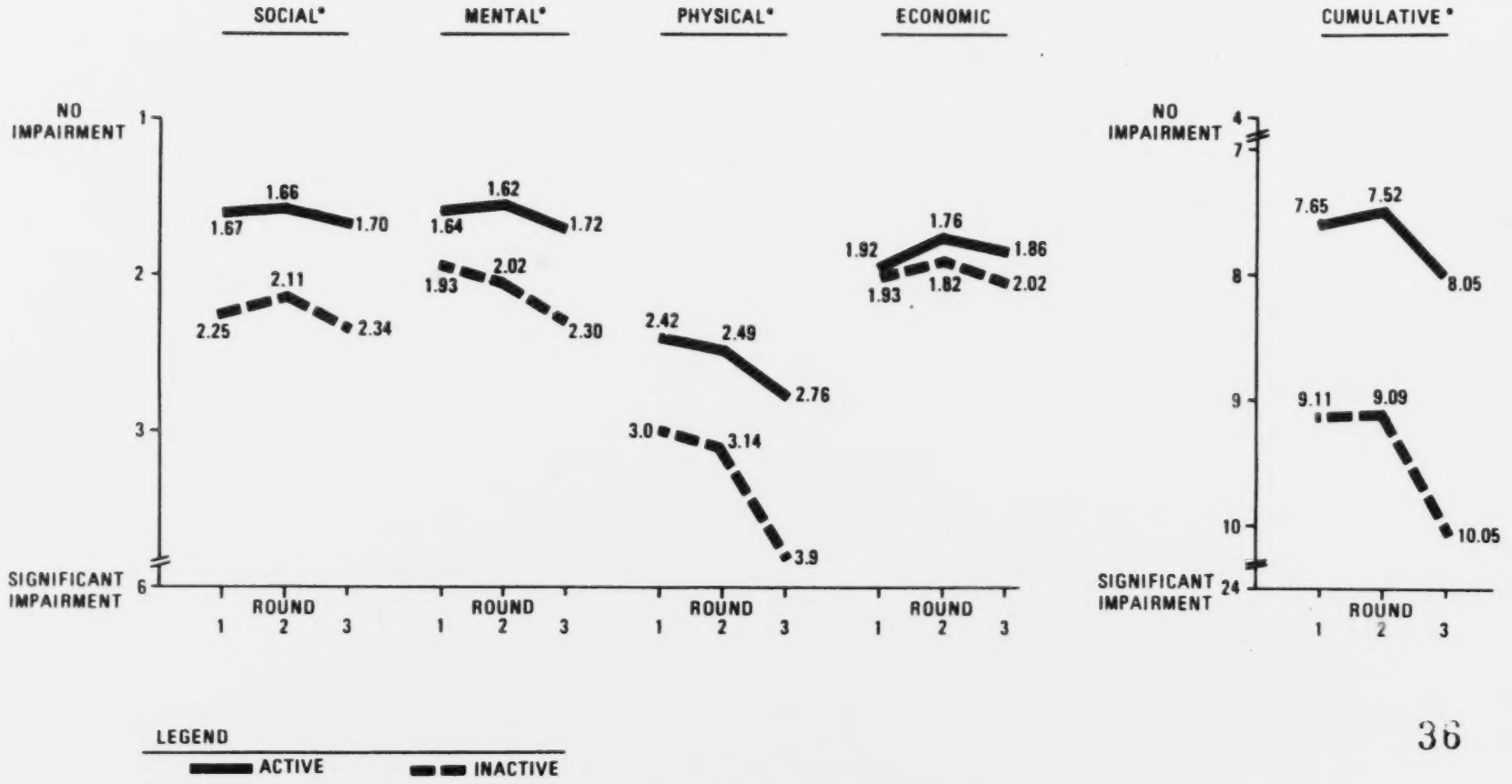
Active volunteers appeared to be functioning better than inactive volunteers at the final evaluation point. On each of the OARS dimensions, except economic resources, active volunteers had significantly better functioning than inactive volunteers. (See Appendix F, Table F-7.)

In addition to participation status and volunteer group, selected demographic variables (marital status, project location, income and sex) were examined to determine whether they were in any way related to functional status.

What demographic factors influence functional status?

- Marital status
- Income
- Project location

Exhibit 5a
CHANGES IN LEVELS OF FUNCTIONING AMONG VETERAN VOLUNTEERS
(Mean OARS Scores)



* Differences between active and inactive volunteers across rounds are statistically significant at .05 level of significance

Exhibit 5b
CHANGES IN LEVELS OF FUNCTIONING AMONG ROUND 1 NEW VOLUNTEERS
(Mean OARS Scores)

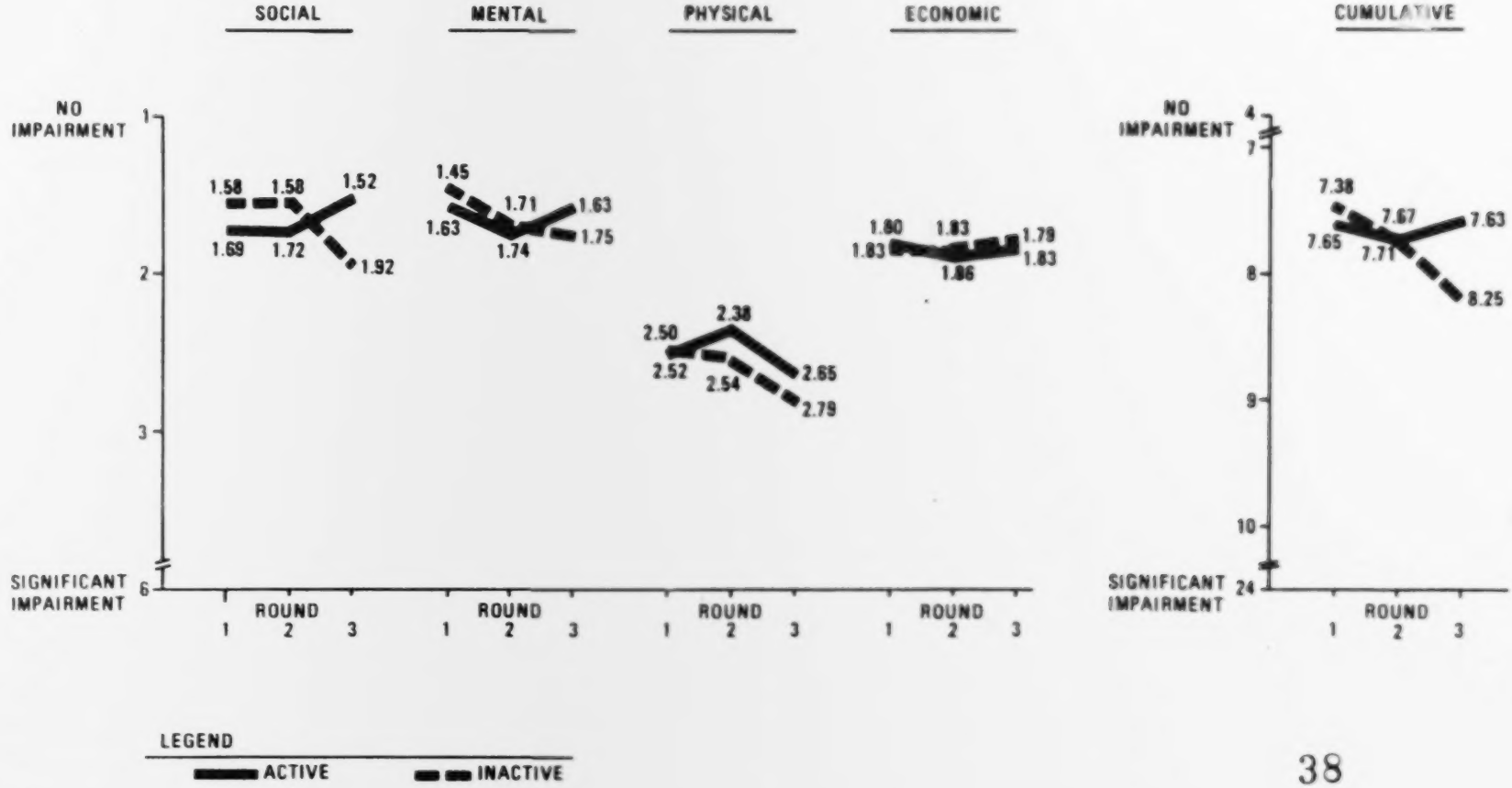
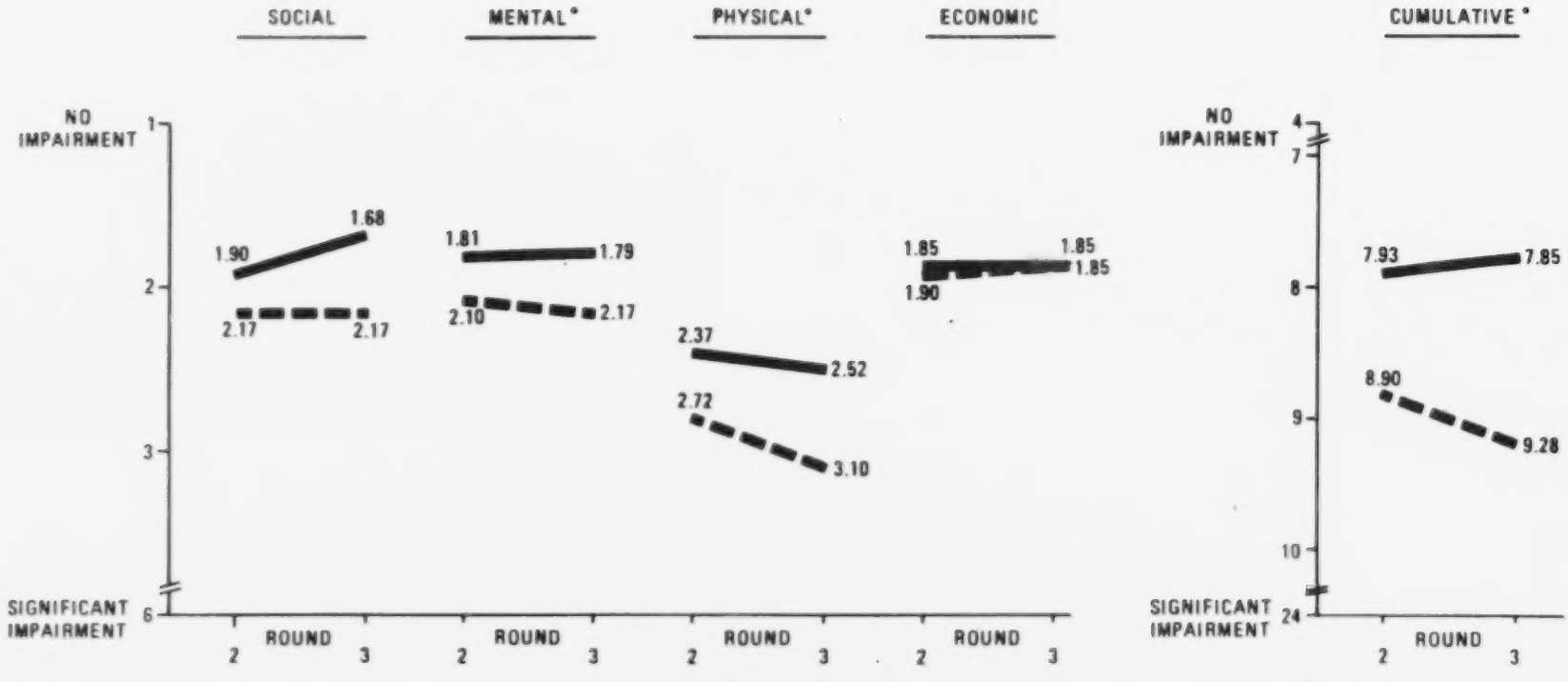


Exhibit 5c
CHANGES IN LEVELS OF FUNCTIONING AMONG
ROUND 2 NEW VOLUNTEERS



* Differences between active and inactive volunteers across rounds are statisically significant at .05 level of significance

Some significant relationships between the demographics and individual areas of functioning were found, but no broad pattern is evident. Key factors are generally different for each scale.

On social resources, married volunteers exhibit better functioning than those who were divorced or separated. For mental outlook, as with the cumulative OARS score, volunteers with higher annual incomes function better than those with lower annual incomes. On economic resources, project location significantly affects functioning, with volunteers residing in rural communities functioning better than those who live in medium city/rural and medium city locations. With regard to physical health, no demographics were found to significantly affect functioning levels.

C. Respondent Assessment of Functional Status

RSVP volunteers and Cleveland seniors provided their own, i.e., subjective, assessments of functional status in selected areas, in contrast to the OARS, i.e., objective, measures. The volunteers' own assessments provide insight into the perceived social, emotional and physical benefits which they derive from RSVP participation.

This section focuses primarily on functional status self-assessments as of the last interview and covers the following areas:

- Loneliness
- Worry
- Life interest
- Life satisfaction
- Overall mental health
- Overall physical health
- Number of ailments
- Number of medications taken
- Perceived adequacy of economic resources

The subjective viewpoints of RSVP volunteers parallel the OARS measures and provide additional evidence that RSVP participation from the volunteer's own perspective is clearly associated with a positive outlook and enhanced sense of well-being.

1. Comparisons Among Veteran and New RSVP Volunteers at Round 3

RSVP participants, regardless of length of service, generally perceive themselves as functioning quite well on all of the social and emotional dimensions measured.

How do RSVP volunteers view their own well-being?

Most volunteers report:

- Never lonely (66%)
- Sometimes or hardly ever worry (76%)
- Life exciting (47%)
- Life satisfying (75%)
- Mental health average or better (85%)
- Good to excellent physical health (76%)
- 2.1 illnesses and 1.7 medications
- Economically solvent -- income quite adequate (52%) and assets sufficient to meet emergencies (80%)

There are no significant differences among volunteer groups on any self-assessment measures, except number of illnesses reported with veteran or Round 1 new volunteers reporting more ailments than Round 2 new volunteers (2.2, 2.3 and 1.8 illnesses respectively). In addition, there is a tendency for veteran volunteers to see themselves a bit more positively than Rounds 1 and 2 new volunteers in terms of economic self-sufficiency and the social and emotional dimensions of loneliness and worry.

At program entry, Rounds 1 and 2 new volunteers were quite positive about their overall mental, physical and economic status. Except for their perceived loneliness, new volunteers saw themselves in much the same light as those who had served RSVP for a longer period of time. In fact, these volunteers were even more likely to report they were satisfied with their life than veterans.

2. Comparisons Between New RSVP Volunteers and the Cleveland Aged Population

Rounds 1 and 2 new RSVP volunteers overwhelmingly perceive themselves as mentally, physically and economically better compared to self-assessments of older Americans in the Cleveland sample.

How do the self-assessed views of RSVP volunteers compare with the Cleveland aged population?

Volunteers' views always exceed Cleveland Seniors':

- Excellent mental condition (34% versus 20%)
- Excellent physical condition (27% versus 11%)
- Income quite adequate (50% versus 16%)
- Life exciting (46% versus 29%)
- Life satisfying (69% versus 56%)

3. Comparisons Between Active and Inactive RSVP Volunteers

Generally, active volunteers' self-professed assessment of their health and well-being is substantially better than inactive volunteers'. These findings appear to be largely influenced by the reasons for disaffiliation.

Within volunteer groups, does self-assessed functional status differ among actives and inactives?

- Veteran volunteers: actives overwhelmingly project an enhanced outlook and sense of well-being compared to inactives -- life satisfying (78% versus 46%), excellent mentally (31% versus 12%), excellent physically (21% versus 9%)
- Round 1 new volunteers: no differences
- Round 2 new volunteers: actives tend to see themselves in more positive light compared to inactives

In summary, the volunteers' self-professed views have changed little over the course of this evaluation. The "subjective" picture painted by volunteers themselves is very much in keeping with the "objective" OARS functional status measures reported earlier. Regardless of length of time in RSVP, volunteers see themselves as emotionally, physically and economically sound.

Volunteers, even at program entry, place themselves well above older Americans in the Cleveland sample. Lastly, those who continue in the program, particularly veterans, tend to see themselves as functioning better compared to those who drop out.

D. Respondent Assessment of RSVP Benefits

To complete the assessment of RSVP impact on volunteers, the perceived benefits derived by RSVP volunteers themselves were examined. Specifically, three issues were explored:

- Attitude changes
- Benefits received
- Effects of RSVP

Findings presented here focus on responses to the Round 3 interviews with all volunteers drawing upon actual program experiences.

In the interim reports, the actual experiences of volunteers who had served were compared with anticipated experiences of

new volunteers. Those results demonstrated that expectations exceed actual program experiences, i.e., before service is given volunteers anticipate that many more attitudinal changes will occur than are reported after volunteers have served in the program. Nonetheless, veterans and new volunteers can point to numerous positive benefits of RSVP involvement, both in "tangible" (e.g., increased activity, social interaction) and "intangible" ways (e.g., enhanced outlook, attitude, usefulness).

1. Attitude Changes Attributed to RSVP

Fully one-half of volunteers report that RSVP has prompted a positive or healthy attitude change. Not surprisingly, veteran volunteers, even after several years of service, continue to report a positive attitude change with the same frequency as recent program entrants (i.e., Rounds 1 and 2 volunteers).

What factors contribute to positive attitude changes?

- Increased activity -- "something to do" (60%)
- Social interaction (34%)
- Enhanced mental outlook (30%)
- Ability to help others (23%)

Veterans and both groups of new volunteers mention a variety of reasons for their positive attitude changes with no differences emerging across volunteer groups.

Active volunteers are more likely to report a positive attitude change (e.g., enhanced mental outlook, feelings of usefulness) attributed to the program than those who dropped out -- 51% versus 41% respectively -- demonstrating the continued value placed upon RSVP participation.

Do reasons for attitude changes vary between active and inactive volunteers?

- Tangible factors reported equally
- Intangible factors reported more often by actives

	Actives	Inactives
Tangible factors		
- Increased activity	60%	53%
- Social interaction	34%	40%
Intangible factors		
- Enhanced personal growth	11%	-
- Helping others	24%	7%

2. Benefits Received from RSVP

Volunteers identified the most important benefits derived from their RSVP involvement. Exhibit 6 illustrates that all three volunteer groups feel the most important value of RSVP is the opportunity to help others. Getting out of the house and making new friends are also salient features. No differences are noted for those who remained active compared to those who dropped out of RSVP.

3. Effects of RSVP Participation

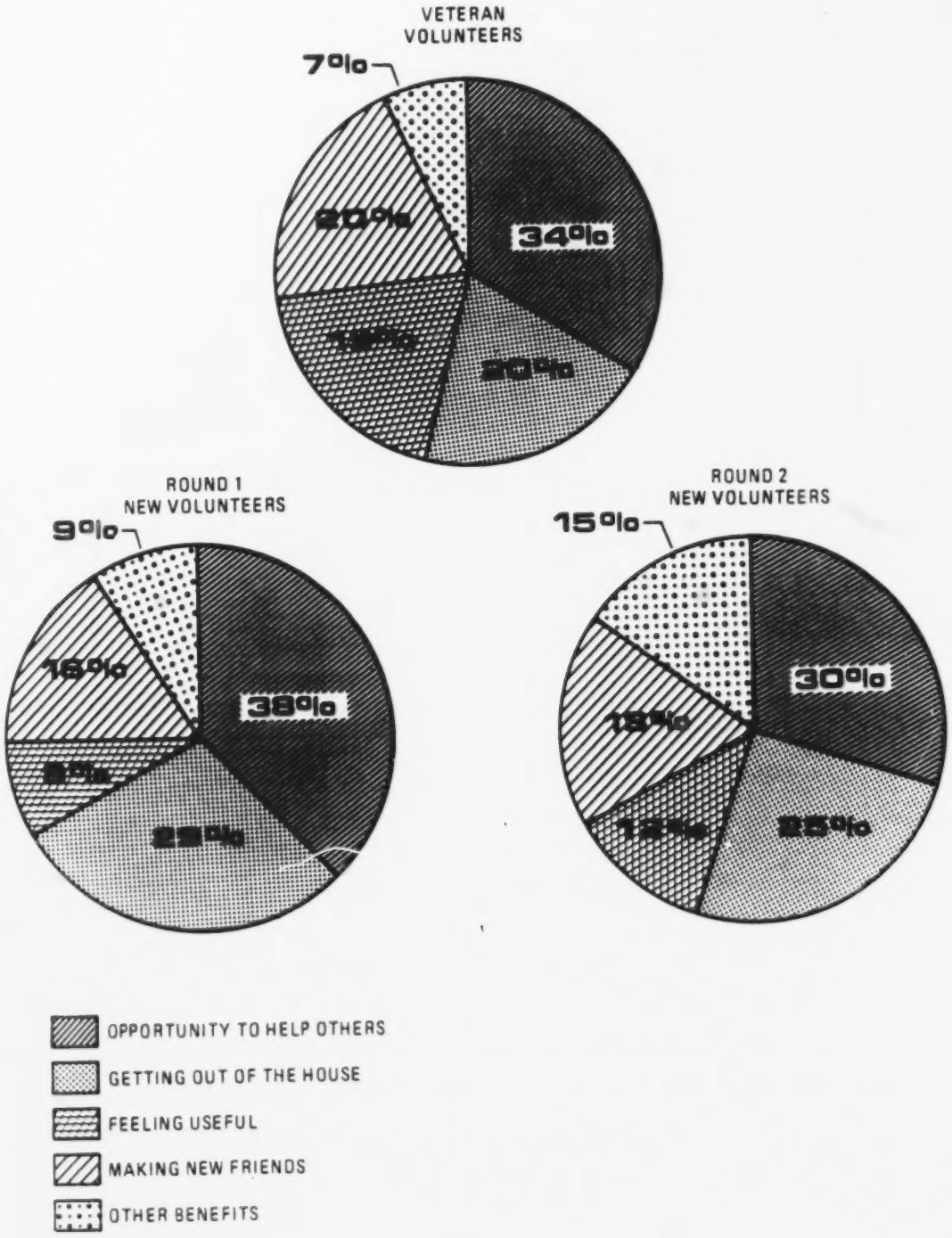
The final question of the interview determined, in general, whether RSVP had had an effect on volunteers' lives and, if so, what the effect was. Consistent with previous rounds, most volunteers (81%) note that RSVP involvement has affected their lives in meaningful ways. Active volunteers are somewhat more inclined to report an effect than inactive volunteers -- 82% versus 76%.

What are the primary effects of RSVP participation?

- Enhanced feelings of self-worth -- usefulness, accomplishment
- Tangible everyday life changes -- increased activity, social life

Overall, these positive attitude changes and benefits mirror earlier rounds. Healthy effects of RSVP participation are felt in perceptible (e.g., increased activity -- something to do) and imperceptible ways (e.g., enhanced personal growth). In addition, active volunteers value the program more (i.e., report more attitude changes and effects on daily life) than do those who become inactive, reinforcing the positive impact of RSVP involvement in ways not directly measured by the OARS scales.

Exhibit 6
MOST IMPORTANT RSVP BENEFITS



III. CONCLUSIONS AND RECOMMENDATIONS

This report presents results from the three rounds of data collection comprising the National Retired Senior Volunteer Program Participant Impact Evaluation. The major thrust of this evaluation has been to answer two fundamental questions:

1. Who are RSVP volunteers and how do they compare to the general aged population?

2. In what functional areas, if any, are the effects of RSVP participation registered, i.e., does participation in RSVP improve, maintain or stave off the effects of aging in specific functional areas?

The next section summarizes the major findings and provides answers to the key research questions. The last section focuses on conclusions and recommendations for program enhancements and changes.

A. Major Findings

1. Who are RSVP volunteers?

The typical RSVP volunteer is a white, 72-year-old woman who is widowed and living alone in a noninstitutional residence. This volunteer has an average annual income of approximately $9,000, at least a high school education, and gives approximately 5.4 hours of program service per week to RSVP. Volunteers generally serve one to three times per week and provide a variety of services including arts, crafts, entertainment, food preparation and delivery, and community service functions. Volunteers tend to join the program in their late 60s.

Unlike some other programs or activities, interest in RSVP does not peak early nor diminish over time. Commitment to the program (i.e., number of hours served per week) escalates with years of service. While a significant percentage of new volunteers (approximately 25%) drop out within their first year, the annual program attrition rate among veteran volunteers is considerably lower at 6.5%.

2. How do RSVP volunteers compare with the general aged population?

RSVP appeals to a broad spectrum of the American public. It captures sizable numbers of men and women from all walks of life. The volunteers, however, are not a true

microcosm of the U.S. population 60 years of age or older (as reported by the 1980 Census).

For the most part, RSVP attracts a better educated, younger, more affluent group of female seniors than represented in the general aged population as a whole or the Cleveland comparison group in particular.

3. **How do the functional capabilities of RSVP participants compare with nonparticipants?**

The Cleveland sample of older Americans may only partially answer the question of the effects of participation versus nonparticipation on functional capabilities because it is a site-specific rather than nationwide study. However, the evidence is overwhelmingly clear; all results point in the same directions: 1) RSVP attracts a healthier group of seniors than in the comparison group (Cleveland aged population) and 2) continued involvement in RSVP is associated with improved or stable levels of functioning while noticeable decrements in functioning are evident among nonvolunteers.

On every measure, the functional capabilities of volunteers, both new and veteran, exceed those of the Cleveland sample. First, on each of the five OARS measures -- social resources, mental outlook, physical health, economic resources and overall functioning -- continuing RSVP participants displayed significantly better levels of functioning than the comparison group (Cleveland aged population) when the initial readings were taken. Second, after one year's time, the differences between continuing RSVP volunteers and nonvolunteers (discounting the differential starting points and differences in demographic characteristics) increased. The functional capabilities of continuing volunteers tended to improve or remain stable over time, while those of nonvolunteers diminished, thereby indicating strong evidence of the beneficial effects of continued RSVP participation.

Even in the self-assessments of functional status and the SPES scale used to measure psychological adjustment, the healthiness of RSVP participants is substantially higher than that of nonparticipants. On dimensions such as life interest and satisfaction, and overall mental and physical health, the differences between RSVP participants and nonparticipants is striking, with RSVP volunteers always displaying significantly better psychological and emotional adjustment.

There is some evidence, albeit modest, of continued or

"lasting" effects of RSVP participation after volunteers drop out. Those who tend to drop out for nonhealth-related reasons (i.e., Round 1 new volunteers) exhibit better functioning after one year than those who never serve at all. In contrast, volunteers in the other two groups (i.e., veterans and Round 2 new volunteers) who became inactive tend to resume functional levels representative of the general aged population, as measured by the Cleveland sample which may reflect their primary reasons for deactivation -- poor personal health or poor health of family members.

4. How do the functioning capabilities of volunteers with varying lengths of service change over time?

The research revealed that the levels of functioning of veteran and new volunteers did not differ appreciably initially nor upon subsequent evaluation. To some extent, veterans registered slightly better levels of functioning (as measured by the five OARS measures and the psychological scales) than the newest group of volunteers.

The most dramatic differences in functioning emerge between those who continue to serve in the program and those who drop out. The research indicates that volunteers who continue to serve exhibit either improved functioning or slower rates of functional deterioration than those who leave the program. That is to say, continued participation may stave off the effects of aging.

The functional levels of active versus inactive volunteers are largely influenced by the reasons for disaffiliation. Specifically:

- Veterans deactivate primarily because of poor personal health and can be classified as "involuntary" dropouts who would otherwise stay in the program if they could. Their levels of functioning over the course of the evaluation deteriorate considerably while those who remain active diminish at a much slower rate.

- Round 2 new volunteers deactivate for a variety of reasons, but primarily do so either because of poor personal health or poor health of family members. Similarly, those who remain active register stable or improving levels of functional status while those who drop out deteriorate.

- Round 1 new volunteers do not follow suit as active and inactive volunteers are no different at any point in time. Many dropouts in this group go off to other jobs or express disinterest and dissatisfaction with the program. It is perhaps their lack of commitment to the program and their obvious "healthy state" that is reflected in their OARS functional status scores, psychological scale scores and functional status self-assessments.

Lastly, active volunteers, regardless of length of service report more positive attitude changes attributed to RSVP and more benefits associated with program involvement than inactive volunteers, reinforcing the positive impact of RSVP involvement in ways not directly measured by the OARS or psychological scales.

B. Conclusions and Recommendations

1. **RSVP involvement favorably affects older Americans**

Positive effects of program involvement are seen in both "tangible" and "intangible" ways. The program provides an opportunity for social interaction and engenders feelings of usefulness and accomplishment. Moreover, it is associated with enhanced levels of functioning. Socially, mentally, physically and, to a lesser degree, economically, RSVP volunteers are better off than those who never serve in the program. Furthermore, those who remain active display levels of functioning which exceed those of volunteers who subsequently drop out of the program.

It is difficult, indeed virtually impossible, to unravel whether the program keeps seniors healthy or whether the healthy stay in the program. It may be that the healthy, because of their background and social support systems, avail themselves of RSVP activities and "self-select" to remain in the program, while those less healthy or favorably disposed never volunteer or, if they do, subsequently drop out. Alternatively, it is entirely possible that RSVP is, in fact, the cause of improved or stabilized functioning.

The question of causality cannot be directly answered by this or any evaluation conforming to social science research standards. Despite this limitation, the research has definitely shown that superior levels of functioning are associated with or in some way connected with RSVP involvement.

2. **Continued program participation is associated with participants' enhanced sense of well-being and outlook on life and may stave off the effects of aging**

RSVP volunteers do not suffer from "burnout"; volunteers do not drop out and reactivate as a general rule. Volunteers continue over the years to display a vigor and enthusiasm for the program that is relatively rare among programs of this type. Hours of service increase and involvement intensifies with years of service. RSVP volunteers perceive that their own health and well being are maintained or improved by taking part in the program. While objective signs point to diminishing levels of functioning over time, the rate of deterioration is slower among those who continue to serve in the program compared to those who dropout.

3. **RSVP attracts those not served by ACTION's other older American programs, although appeal may be broadened**

While RSVP does not attract all older Americans, it does serve as an important vehicle for keeping a large segment of older Americans involved. Since other older American programs offered by ACTION are restricted to low-income seniors, RSVP is filling a void by appealing to a significant and important segment of older Americans not served by other ACTION programs.

Nevertheless, additional effort might be devoted to attracting more men, less affluent and less well-educated seniors. Educating local project directors to emphasize the opportunities and camaraderie to be gained by joining the program might be one approach. Another approach may be to use more men as spokespersons for the program. Whatever types of communication strategies or appeals are used to broaden the base of RSVP volunteers, they should be utilized cautiously so as not to alienate or diminish appeal among volunteers now being attracted to the program.

4. **RSVP volunteers provide meaningful services and contribute indirectly to the national workforce**

In this study, volunteers report serving an average of approximately five hours per week, which is somewhat higher than the national estimates derived from other

program sources. Nonetheless, volunteers contribute a substantial number of volunteer hours on a weekly and yearly basis.

They engage in productive work-related activities (e.g., food preparation, clerical/sales functions, community service) and contribute enormously to enhancing the lives of others (e.g., friendly visiting/calling, entertaining). In this context, RSVP provides a vehicle for "working" beyond the traditional working-years and captures the true spirit of volunteerism.

5. **Program effectiveness may be increased by lowering first-year attrition rate**

In a program where screening is not part of the process, it is inevitable that self-selection will weed out those without sustained commitment, and the effects of this process will be seen within the first year. Although the 25% first-year attrition rate is not overly large, steps might be taken to reduce the amount of turnover. The research suggests two possible explanations for this turnover: 1) expectations about the benefits and positive aspects of RSVP exceed actual experience, and 2) delayed receipt of assignments and placements contribute to waning interest and subsequent disaffiliation.

To address the first attrition issue, communications might be developed to convey the "real" picture, i.e., attempt through print and voice communications to deflate expectations with realistic appraisals, e.g., "most, but not all volunteers, feel RSVP gives them an opportunity to...." To minimize the second attrition issue, the program delivery system should be examined and targets for quicker involvement might be set such as:

- Placement and initial work be performed within one week of sign-up
- Maintenance of a log book describing all possible placement opportunities for volunteer review and a roster of available placements at the time of sign-up to ensure that each placement is geared to the volunteer's interests
- Development of a buddy system whereby veterans are assigned to new volunteers for a short period of time

APPENDIX A

GLOSSARY

A. GLOSSARY

This technical appendix provides a glossary of key words and descriptive terms used throughout the report. It is divided into three sections as follows: 1) Characteristics of the Survey Population/Research Design, 2) Outcome Measures, and 3) Statistical Terms and Procedures. Within each section, the key words and terms have been alphabetized to facilitate reader access and cross-referencing.

1. Survey Population/Research Design Terms

Active volunteers: RSVP volunteers who continued to serve in the program at the time of the Round 3 interview; sometimes referred to as continuing volunteers. This group also contains a handful of volunteers who were inactive in Round 2 and returned to active status by Round 3 interviewing.

Baseline scores (levels): Refers to initial or first readings taken on any of the outcome measures. For veteran and Round 1 new volunteers, these data come from Round 1. For Round 2 new volunteers, these data come from Round 2 when this group was first inducted into the study. In the GAO (Cleveland) sample, baseline scores were taken in 1975.

Data collection: The act of gathering information from RSVP volunteers, i.e., the interviewing.

Data collection period: Time in which personal interviews were conducted with volunteers included in this impact evaluation. Round 1 data collection occurred between September 1982 and February 1983. Round 2 interviewing took place between November 1983 and May 1984. Round 3 data collection transpired between October 1984 and March 1985.

Follow-up scores (levels): Refers to outcome measure readings taken approximately one year after baseline levels were obtained. Hence, Round 2 scores for veteran and Round 1 new volunteers represent follow-up readings and Round 3 represents the follow-up for Round 2 new volunteers. In the GAO (Cleveland) sample, follow-up occurred in 1976.

GAO study or Cleveland sample: Refers to the 1975/76 General Accounting Office's study, "The Well-Being of Older People in Cleveland, Ohio." It is sometimes referred to as the Cleveland sample or Cleveland senior citizens. This sample is used as a non-RSVP participant control group against which the demographic characteristics and functional status of RSVP participants are compared.

General aged population: Refers to U.S. population 60 years of age or older from the 1980 Census of population. Sometimes this term is used as the "generic" reference for older Americans in the Cleveland study.

Group (group membership): Represents the three groups of volunteers included in this evaluation -- veteran volunteers (quasi-control group), Rounds 1 and 2 new volunteers (experimental groups).

Inactive volunteers: RSVP volunteers who terminated or discontinued their affiliation permanently with RSVP (i.e., do not intend to rejoin the program) sometime between their first and last interview; sometimes referred to as dropouts. Veteran and Round 1 new volunteers who dropped out did so either between Rounds 1 and 2 or Rounds 2 and 3. Round 2 new volunteers disaffiliated sometime between Rounds 2 and 3. Included were participants who retired from service because of poor health, other personal problems, loss of interest or dissatisfaction, as well as those who could not be provided with volunteer activities because of station closings or lack of work.

Longitudinal changes: Changes that occur among volunteers over repeated measurement observations. Among the changes evaluated are OARS levels of functioning and psychological/sociological status. Changes are assessed for veteran and Round 1 new volunteers across three data collection rounds. By design, only two data collection rounds are used for Round 2 new volunteers.

Observation: Personal interview or data collection with each volunteer. For veteran and Round 1 new volunteers, a maximum of three observations has been made -- Rounds 1, 2 and 3. For Round 2 new volunteers, a maximum of two observations was made -- Rounds 2 and 3.

Participation status: Refers to active or inactive RSVP status at the time of Round 3 data collection and denotes continued or discontinued program affiliation.

Round: The times or waves when observations or interviews were taken with RSVP volunteers. This evaluation has three rounds -- Round 1 (baseline), Round 2 (interim) and Round 3 (final). It should be noted that Round 2 new volunteers have only baseline (Round 2) and final (Round 3) evaluation points. This report focuses on the full evaluation highlighting Round 3 results and making comparisons to the initial rounds of data collection.

Round 1 new volunteers: RSVP participants who entered RSVP at Round 1 after being affiliated with the program for two weeks or less and thus at Round 3 have been in the program for approximately two years.

Round 2 new volunteers: RSVP participants who joined RSVP at Round 2, and thus at Round 3 have been in the program for approximately one year. Sometimes referred to as newest or most recent group of new volunteers.

Veteran volunteers: Volunteers who, when inducted into the study, were required to have served in RSVP a minimum of six months. The average volunteer had served approximately 5.6 years at the study's onset and, at conclusion, 7.3 years. Compared to other volunteers, these individuals have been associated with RSVP for the longest period of time.

2. Outcome Measure Terms

Anomia scale (Srole): Measures social alienation. A 5-item scale providing a continuum from social belonging ("0") to social isolation or alienation ("5").

Cumulative impairment scale (CIS): Sum of the scores from the four primary OARS measures included in the RSVP evaluation. Scores range from a low of "4" to a high of "24." Scores of 10 or below connote high functioning (no impairment) those between 11 and 14 inclusive represent medium functioning (mild impairment), and those of 15 or above correspond to low functioning (significant impairment).

Economic resources: One of the four primary OARS measures of functional status measuring the adequacy of income and resources from "1" (excellent resources) to "6" (totally impaired resources).

Factual status: Refers to three items: 1) perceived availability of long-term health care, 2) number of illnesses and 3) number of medications used.

Functional status self-assessment: Volunteers own perceptions of their psychological, physical and economic well-being. The dimensions evaluated include 1) loneliness, 2) worry, 3) life interest, 4) life satisfaction, 5) overall mental and physical health, and 6) economic self-sufficiency.

Mental outlook: One of the four primary OARS measures of functional status measuring the presence of psychological symptoms and overall emotional/mental health. Scores range from a low of "1" (outstanding mental outlook) to "6" (totally impaired mental outlook).

Philadelphia Geriatric Center (PGC) Morale scale: A 9-item scale (reduced to 8 items in the RSVP evaluation) measuring morale. Lower numbers connote high morale (basically positive feelings about oneself) and higher

numbers represent lower morale (generally negative feelings about oneself).

Physical health: One of the four primary OARS outcome measures of functional status ranging from no physical health impairment ("1") to total impairment ("6").

Primary OARS ratings: Scores from "1" (no impairment) to "6" (total impairment) provided by the interviewer on each of the four functional status scales -- social resources, mental outlook, physical health and economic resources.

Secondary OARS ratings: Scores from "1" (no impairment) to "6" (total impairment) provided by a second rater on each of the four functional status scales -- social resources, mental outlook, physical health and economic resources -- in a blind rating process.

Short Psychiatric Evaluation Schedule (SPES): A 15-item battery (reduced to 14 items in the RSVP evaluation) which measures the presence of psychological symptoms. Scores range from "0" (no symptoms) to "14" with scores of 9 or above indicating the presence of pathology.

Social resources: One of the four primary OARS outcome measures of functional status measuring long-term care availability and social network. Scores range from no impairment ("1") to total impairment ("6").

3. Statistical Terms and Procedures

Analysis of Covariance: A statistical procedure for comparing the means of two or more groups on a continuous variable, after controlling for, or taking into account, other variables (covariates).

Analysis of Variance: A statistical procedure for comparing the means of two or more groups on a continuous variable.

Categorical variable: A measure or variable whose values take on a discrete set of levels or categories with no inherent ordering (e.g., marital status as single, married, widowed/divorced/separated).

Chi-square (χ^2) test of significance: A statistical test which measures the difference in the distribution of a categorical variable across levels of another categorical variable.

Continuous variable: A measure or variable whose range of values possesses an inherent order or sequence (e.g., age of volunteers).

Cross-tabulations: A method of displaying data in which the distribution of scores on one variable (row variable) are compared across another variable (column variable).

Dependent variable: Response variable; the variable whose values are under study -- the outcome measures on which impact is assessed.

Independent variable: A variable whose effect on the dependent variable is under study -- the factors upon which the outcome measures can be predicted.

Mediating variable (or covariate): A variable whose effect on the dependent variable is not of interest, but which is controlled for so as not to confound the effects of the independent variable.

Pearson Product Moment Correlation: A statistical procedure for measuring the strength and direction of the relationship between two continuous variables.

Repeated measures analysis of variance: A statistical procedure for comparing the means of two or more samples in which the same respondents provide data in more than one of the samples (e.g., same respondents provide data in Rounds 1, 2 and 3).

Statistically significant: A result based on sample data that can be generalized to the population. For this study, the generally accepted convention of the .05 level of significance was used.

t-test: A statistical procedure for comparing the means of two groups on a continuous variable.

APPENDIX B

DETAILED STUDY DESIGN AND METHODOLOGY

B. DETAILED STUDY DESIGN AND METHODOLOGY

This technical appendix provides more detailed information on the methodological design of the RSVP Participant Impact Evaluation and on the execution of this longitudinal assessment. The research design, instrumentation, sampling, data collection and analyses for the full evaluation are described.

1. Research Design

This program evaluation is designed as a three-round, time series analysis of the effects of RSVP participation on three different groups (or panels). The first group (Panel A) is a quasi-control group of experienced or veteran RSVP volunteers, while the other two experimental groups (Panels B and C) consist of new volunteers who initiate RSVP participation concurrent with their induction into the assessment. (At the study's final round, one of the two new volunteer groups was intended to have served in RSVP for approximately two years and the other for approximately one year.) Data are collected from Panels A and B at three different points in time, and from Panel C at two points in time. The design is illustrated in Exhibit B-1 below, where "R" represents a data collection round, "X" indicates RSVP participation, and "O" indicates that observations are taken (i.e., data are collected with members of that panel).

Exhibit B-1

RSVP Participant Impact Evaluation Design

		R_1	R_2	R_3
Panel A:	Veterans	X O_1	X O_2	X O_3
Panel B:	New R_1	O_4	X O_5	X O_6
Panel C:	New R_2		O_7	X O_8

The time frame between each data collection round (R_2 - R_1, R_3 - R_2) is approximately one year.

This design enables both cross-sectional and longitudinal analyses of program effects. Comparisons can be made for each panel over time (O_2 - O_1, O_3 - O_1) and between panels (O_1 - O_4, O_5 - O_1) to determine what changes, if any, occur with respect to RSVP participation.

In addition to comparisons among the RSVP samples, demographic comparisons are made among RSVP volunteers, the

general U.S. population 60 years of age or older and the GAO sample drawn from the general elderly population in Cleveland. Data from the General Accounting Office's longitudinal study of "The Well-Being of Older Americans in Cleveland, Ohio" is used. Functional status data from the latter sample are compared with similar data on volunteers. These comparisons, conducted following the second and third rounds of RSVP data collection, determine the extent to which RSVP volunteers are similar to or different from the general population of older Americans in terms of demographic characteristics and functional status, and assess the extent to which participants' functioning improves, diminishes or remains constant over time compared to nonparticipants.

2. Measurement Instrument

The effects of RSVP participation on the senior volunteers are measured through a modified version of the Older Americans Resources and Services Multidimensional Functional Assessment Questionnaire (OARS/MFAQ). The OARS instrument, designed by the Duke University Center for the Study of Aging and Human Development, uses both objective and subjective data to assess the functional capabilities and status of older Americans.* The instrument and the methodology have been tested, validated and widely used in other research efforts, including the Senior Companion, Foster Grandparent and Long-Term Care evaluations commissioned by ACTION.

The OARS methodology requires that an OARS-trained interviewer administer the questionnaire and then rate each respondent in the following five functional areas:

- Social resources
- Mental outlook
- Physical health
- Economic resources
- Activities of daily living

In the instrument used for the RSVP evaluation, activities of daily living were excluded due to the good to excellent functional capacities of all RSVP volunteers in this area.

The rating scale for each functional area ranges from "1" (excellent resources or unimpaired) to "6" (totally impaired resources or functioning). To ensure a high degree

*For further details see Multidimensional Functional Assessment: The OARS Methodology, Second Edition (Durham, N.C.: Duke University Center for the Study of Aging and Human Development), 1978.

of interviewer/rater reliability each individual is rated twice, first by the actual interviewer and then by a similarly trained person in a "blind" process, that is, without benefit of seeing the volunteer or knowing the actual interviewer's primary ratings.

The modifications to the OARS/MFAQ for the RSVP evaluation were relatively minor and generally consistent with previous modifications made for other OAVP evaluations. The major change was the addition of a full section on RSVP participation, covering volunteer assignment, activities, frequency and perceived benefits, along with Srole's Anomia scale. It should be noted that the Short Portable Mental Status Questionnaire (SPMSQ) to assess cognitive competence included in Round 1 was deleted from the subsequent two rounds because of the competence of volunteers in general and the effect of the questions on volunteers' willingness to continue with the study in particular. Lastly, the average number of hours served per week was added to the Round 3 document as another measure of commitment and interest in the program.

3. Sampling

On the basis of standard statistical sampling techniques*, the minimum sample size was calculated as 360 for each panel. To allow for approximately 20% attrition in the sample between data collection waves, sample sizes were set at 600 for each panel, with a total sample of 1,800 respondents. This would provide data with a reasonable degree of precision (±.15 for each OARS scale) at the 95% confidence level.

For reasons of efficiency, it was determined that the three panels of 600 would be randomly selected from 20 RSVP projects, with 30 respondents per panel per site. To ensure representativeness, the 20 project sites were randomly selected from within geographic strata based on population size/density. These strata were:

- Rural county (population density <1,000/sq. mile)
- Medium city/rural county (city population 50,000 to 499,999 surrounded by county with population density <1,000/sq. mile)

*Sampling formula used: $n = \left[\frac{1.96\sigma}{(E)}\right]^2$

where n = sample size, 1.96 = 95% confidence interval, E = tolerated error of .15 out of 6, σ = estimated standard deviation based on prior studies.

- Medium city (population 50,000 to 499,999)
- Large city (population $\geq$ 500,000)
- Urban county (population density $\geq$ 1,000/sq. mile)

The final project sample is shown in Exhibit B-2, following this page; as noted in the exhibit, a total of 3 substitutions were made to the original sample of 20 projects.

Sampling for Panel A and B volunteers occurred in Round 1. Sampling for Panel C volunteers took place in Round 2.

Within each project, the sample of 30 experienced volunteers in Round 1 (Panel A) was to be randomly selected from the project's roll of volunteers. The two samples of new volunteers (Panel B in Round 1 and Panel C in Round 2) were to be selected randomly at the rate of 10 per month from a list of new volunteers entering the program each month. During Round 1 the actual sample selection of Panel A conformed to the sampling plans. Selection of the Panel B sample in Round 1 and Panel C sample in Round 2, however, required referrals from the participating projects and the actual rate of referrals was not sufficient to permit random sampling. The sampling procedures were, therefore, modified in Round 1 and incorporated into Round 2 to expedite the project referral process, and to accept all eligible new volunteer referrals from all projects.

In Round 1, this modification resulted in several projects having Panel B samples larger than the 30 respondents planned and others having somewhat smaller samples. In addition, only 12 out of 20 projects were able to provide new volunteers for Panel B. In Round 2, similar modifications resulted for Panel C, although the distribution and number of new volunteers was better than in Round 1. A total of 18 out of 20 projects provided new volunteers for Panel C ranging from a low of 1 to a high of 25 respondents, thereby giving Panel C wider geographic dispersion than Panel B. In Round 3, all volunteers who were interviewed in Round 2 were recontacted and interviews attempted. Exhibit B-3 displays the final sample sizes for Rounds 1, 2 and 3 by panel for each project.

4. Data Collection

In Round 1, data collection was phased in at the 20 RSVP project sites over a three-month period (September to November 1982). Interviews were conducted during the six-month period between September 1982 and February 1983. In Round 2, data were collected in the seven-month period

Exhibit B-2

RSVP Project Sample

Rural Counties -- Constitute 65% of total project population and were undersampled at 35%: n = 7

1. RSVP of Stark Co. Dickinson, ND
2. RSVP of the Upper Valley, Lebanon, NH
3. RSVP of Tazewell Co., Tazewell, VA*
4. RSVP of Henry Co., New Castle, IN
5. RSVP of River Parishes and Lafource, Luling, LA
6. RSVP of Livingston, Co., Chillicothe, MO**
7. RSVP of Rio Grande Valley, Las Cruces, NM***

Medium Cities/Rural Counties -- Constitute 14% of the total project population and were oversampled at 25%: n = 5

8. RSVP of Onondaga Co., Syracuse, NY
9. RSVP of Ada Co., Boise, ID
10. RSVP of Greater Bristol Area, Bristol, CT
11. RSVP of Travis Co., Austin, TX
12. RSVP of Carolina Low Country, Charleston, SC

Medium Cities -- Constitute 13% of the total project population and were oversampled at 20%: n = 4

13. RSVP of Flint Area, Flint, MI
14. RSVP of Metropolitan Tulsa, Tulsa, OK
15. Tri-City RSVP, Fontana, CA
16. RSVP of Sacramento Area, Sacramento, CA

Large Cities -- Constitute 5% of the total project population and were oversampled at 10%: n = 2

17. RSVP of Columbus, Columbus, OH
18. RSVP of New Orleans, New Orleans, LA

Urban Counties -- Constitute 4% of the total project population and were oversampled at 10%: n = 2

19. RSVP of Nassau Co., Mineola, NY
20. RSVP of Burliname-San Mateo, San Mateo, CA

*Originally RSVP of Fayette Co., Oak Hill, WV
**Originally RSVP of Harrison Co., Bethany, MO
***Originally RSVP of Northern New Mexico, Taos, NM

Exhibit B-3

Sample Sizes per Site by Data Collection Round

PROJECT	Round 1 Total	Round 1 Panel A	Round 1 Panel B	Round 2 Total	Round 2 Panel A	Round 2 Panel B	Round 2 Panel C	Round 3 Total	Round 3 Panel A	Round 3 Panel B	Round 3 Panel C
	#	#	#	#	#	#	#	#	#	#	#
1. Dickinson, ND	31	30	1	31	28	1	2	24	22	1	2
2. Lebanon, NH	32	30	2	34	25	1	8	32	23	1	8
3. Tazewell, VA	37	30	7	43	24	7	12	37	19	7	11
4. New Castle, IN	30	30	-	23	23	-	-	21	21	-	-
5. Luling, LA	72	30	42	81	24	32	25	71	22	25	24
6. Chillicothe, MO	43	30	13	50	24	11	15	49	23	11	15
7. Las Cruces, NM	32	30	2	30	28	1	1	26	25	-	1
8. Syracuse, NY	31	30	1	30	26	1	3	28	25	-	3
9. Boise, ID	30	30	-	30	29	-	1	23	22	-	1
10. Bristol, CT	30	30	-	25	24	-	1	24	23	-	1
11. Austin, TX	30	30	-	28	23	-	5	20	16	-	4
12. Charleston, SC	29	29	-	27	27	-	-	23	23	-	-
13. Flint, MI	34	30	4	45	28	4	13	42	27	4	11
14. Tulsa, OK	39	30	9	45	25	3	17	39	24	2	13
15. Fontana, CA	51	30	31	68	26	20	22	54	21	17	16
16. Sacramento, CA	61	30	21	46	25	15	6	36	20	12	4
17. Columbus, OH	27	27	-	23	21	-	2	32	20	-	2
18. New Orleans, LA	29	29	-	40	26	-	14	31	22	-	9
19. Nassau County, NY	52	30	22	63	25	15	23	46	21	9	16
20. San Mateo, CA	30	30	-	30	25	-	5	28	23	-	5
TOTAL	750	595	155	792	506	111	175	677	442	89	146

between November 1983 and May 1984. In Round 3, data were collected between October 1984 and March 1985.

In Round 2, attempts were made to collect data from previously interviewed volunteers (Panels A and B) who continued to reside in the geographic area covered by the sampled RSVP project. This included panelists who were still active in RSVP (i.e., continued to provide service or had a temporary hiatus but intended to return) and those who were inactive (i.e., had terminated or discontinued their RSVP affiliation). A total of 727 Panels A and B volunteers were pursued. Interviews were completed with 617 previously interviewed volunteers for a completion rate of 85%. In addition, interviews were completed with as many new eligible enrollees (Panel C) as were referred to the study by the sampled RSVP projects, for a total of 175 new volunteer interviews.

In Round 3, attempts were made to reinterview those volunteers who were interviewed in Round 2. Again, regardless of program participation status (i.e., active/inactive in RSVP), only those who continued to reside within the project's jurisdiction were eligible for re-interview. An 88% completion rate was obtained across the three panels, with a total of 677 interviews being completed out of 768 eligible panelists. Included were those who remained active in RSVP throughout the study's duration, those who became inactive during the first or second year of interviewing and remained inactive, and a few volunteers who were inactive in Round 2 and subsequently returned to active status in Round 3.

In summary, out of the 925 panelists who were inducted into the study, 878 were eligible for follow-up, and of these, 677 cooperated with the survey fully (i.e., interviewed each time an attempt was made). This represents an overall completion rate of 77%, considerably greater than the 20% per-round sample attrition allowed for in the research design.

Each interview was conducted in-person by one of the two OARS-trained resident interviewers at each site; these interviewers then traded completed questionnaires to conduct the required blind secondary OARS scale ratings.

5. Data Analysis

The final analyses for the full evaluation focused on the two broad research issues under investigation: 1) Who are RSVP volunteers and how do they compare to the older American population? and 2) What functional areas, if any, are affected by RSVP participation? To satisfactorily

address these issues, three potential validity threats -- sample attrition, maturation and self-selection -- had to be taken into consideration in the analysis. In addition, analyses were conducted to address the reliability of the OARS functional status measures.*

Thus, the analyses addressed four major topics:

- Validity threats
- Panel member demographic profiles
- Program impact (functional status) among volunteers
- Reliability of OARS outcome measures

In terms of validity threats, the issue of sample attrition (i.e., loss of volunteers between interviewing rounds) was addressed by comparing respondents who participated fully in the study with those who were not fully cooperative (i.e., were not reinterviewed in Round 2 or in Round 3). The demographics (based upon Round 1 data) of respondents and nonrespondents were analyzed to detect any statistically significant differences between groups and ultimately to ensure that the fully cooperative respondents from each panel were a representative subsample of the Round 1 groups from which they were taken. (The results of the RSVP sample attrition analysis are presented in Appendix C following.) In terms of maturation (i.e., assessing program impact independent of the aging process), statistical techniques were employed to "hold constant" or "partial out" age when looking at the influence of RSVP involvement. Lastly, self-selection (i.e., the threat to our ability to generalize beyond the study population) was addressed by comparing new RSVP volunteers to the general older American population (1980 Census figures for persons 60 years of age or older) and among the Cleveland elderly population as represented by the GAO study of well-being.

Use of the Cleveland sample data was restricted to respondents drawn on a random sample basis. The supplemental sample of SSI recipients included in that study was excluded.**

*The validity of the OARS measures, assessed through a series of factor analyses, was demonstrated in the Round 1 and Round 2 assessments and thus were not repeated in the final set of analyses.

**Because the Cleveland sample experienced modest attrition (82%) between interviewing rounds, an analysis of respondents and nonrespondents was performed similar to that described for RSVP. The results of the GAO attrition analysis can be found in Appendix C.

The panel member demographic profiles focused on eight socioeconomic characteristics -- 1) age, 2) sex, 3) ethnicity, 4) marital status, 5) educational level, 6) income, 7) living arrangements, and 8) project location -- and two program characteristics -- 1) length of time in RSVP and 2) number of hours served per week. The three volunteer groups (panels A, B and C) were compared on each characteristic. In addition, the characteristics of active and inactive volunteers were examined. Lastly, the demographics of new volunteers were compared to older Americans (i.e., U.S. aged population and the Cleveland aged population). Cross-tabulations and tests of significance (chi-squares, t-tests, Analysis of Variance) were the statistical procedures used to perform these analyses.

Program impact among volunteers focused on a number of functional areas and their relationship to RSVP participation. Impact was assessed in terms of levels of functioning on the four key individual OARS measures -- social resources, mental outlook, physical health and economic resources -- and cumulative impairment ratings. In addition, psychological and sociological performance were measured in terms of the Philadelphia Geriatric Center (PGC) Morale scale, the Short Psychiatric Evaluation Schedule (SPES) scale and Srole's Anomia scale. Ancillary impact measures included respondent-assessed functional status (e.g., degree of loneliness, life interest, satisfaction) and respondent-assessed program benefits (e.g., attitude change, benefits and effects of RSVP participation).

First, baseline functional status was assessed for each of the three RSVP volunteer groups and for the GAO sample. Second, actives and inactives within each RSVP group were also compared on these baseline data. Third, the impact of one-year participation in RSVP was measured by comparing the functioning of active and inactive RSVP participants with that of the Cleveland sample one year following the baseline period. Fourth, the longitudinal changes in functioning among the volunteer groups as a whole and actives and inactives within each volunteer group were compared across all rounds of data collection. Fifth, current functional status of the RSVP participants (all three panels, both actives and inactives) was assessed, while controlling for baseline scores. Cross-tabulations and tests of significance (Repeated Measures Analysis of Variance and Analysis of Covariance) were used to perform these analyses.

Reliability of the OARS outcome measures in the form of interjudge agreement was tested by computing Pearson Product Moment Correlations for each OARS measure for each pair of raters (primary and secondary). Validity of the OARS measures was assessed in Rounds 1 and 2 through a

series of factor analyses (principal components, Varimax rotation) replicating the Senior Companion Program procedures and were not undertaken following Round 3. Details about the adequacy of the OARS measures can be found in Appendix E.

A .05 level of significance was adopted in analyzing all statistically significant differences.

APPENDIX C

SAMPLE ATTRITION: RSVP AND CLEVELAND SAMPLES

LIST OF TABLES

Table #	Table Name	Page #
C-1	Socioeconomic Characteristics of RSVP Respondents and Nonrespondents	C-4
C-2	Socioeconomic Characteristics of RSVP Volunteers Interviewed in Rounds 1 and 3	C-7
C-3	Socioeconomic Characteristics of Cleveland Sample Respondents and Nonrespondents	C-10
C-4	Socioeconomic Characteristics of Cleveland Sample Respondents Interviewed in Rounds 1 and 2	C-12

C. SAMPLE ATTRITION: RSVP AND CLEVELAND SAMPLES

This technical appendix describes the results of the sample attrition analyses performed on the RSVP and GAO (Cleveland) samples. These analyses were required because some number of respondents initially inducted into the RSVP and GAO studies were not reinterviewed for a variety of reasons (e.g., illness, unwillingness to participate, ineligibility for follow-up -- deceased). Thus, the respondents remaining in each study after the final round of data collection were only a subset of those who had begun their respective surveys. Since the bulk of the statistical analyses (e.g., longitudinal changes in functional status) require that all observations be present (e.g., three interviews for veteran volunteers), it was necessary to assess whether or not the group of fully cooperative panelists was an adequate, unbiased subset of those who initially cooperated. To conduct these analyses, the demographic characteristics of respondents and nonrespondents were compared based on data collected in the initial round of interviewing.

1. RSVP Sample Attrition

The RSVP Impact Evaluation was initiated with a total of 925 volunteers -- 595 in Panel A (veterans), 155 in Panel B (Round 1 new volunteers) and 175 in Panel C (Round 2 new volunteers). Between the first and last interviewing rounds, 248 volunteers became nonresponsive. Of these, 47 volunteers had become ineligible for reinterview -- 24 were deceased and 23 had moved out of the project's service area by the time of recontact. The remaining volunteers were not reinterviewed for a variety of reasons: (1) refusal/unwillingness to participate (N = 115), (2) illness/physical inability to do the interview (N = 36), and (3) not located/other (N = 50). Thus, a total of 677 volunteers were fully cooperative -- 442 in Panel A, 89 in Panel B and 146 in Panel C.

Overall, the volunteer panels have remained largely intact through three rounds of data collection. The results of the sample attrition analyses point to relatively few areas of significant demographic differences between those who did and did not continue in the survey.

At the time of their initial interview, the volunteers' demographic profile was as follows: female, white, late 60s, either married or widowed, at least of high school education, median income of approximately $8,500, and residing in a rural county. Little or no differences among volunteer panels -- veteran (A), Round 1 new (B) and Round 2 new volunteers (C) -- were found. The only noteworthy difference was age, with veteran volunteers being five-and-one-half to six years older than new program

entrants. (This age differential was consistent with the number of years veteran volunteers had been in RSVP.)

Among veteran volunteers, two noteworthy demographic differences emerge between respondents and nonrespondents. Those who did not continue in the study were older and less well-educated at the time of their initial interview than those who did continue. Although not statistically significant, nonrespondents tended to report less income compared to respondents.

Among Round 1 new volunteers, the only demographic difference between respondents and nonrespondents is sex, with proportionately more men dropping out of the study than women. No variations are observed for Round 2 new volunteers except project location, where significantly more respondents than nonrespondents reside in rural locations. (Tables C-1 and C-2 display these demographic data in more detail.)

2. Cleveland Sample Attrition

The GAO study of "The Well-Being of Older Americans in Clevland, Ohio" was initiated with a random sample of 1,609 respondents 60 years of age or older. After the second year of data collection, 1,325 (82%) of those initially interviewed had been reinterviewed.

Overall, the subset of fully cooperative Cleveland senior citizens is largely the same as the group of seniors who began the GAO study. In all respects, except for race and age, the demographic profiles of older Americans in Cleveland who participated fully in the longitudinal study are identical to nonrespondents. Similar to RSVP sample attrition, nonresponding Cleveland senior citizens are somewhat older than those who responded fully (mean of 75 versus 74 years respectively). Additionally, the respondent group contains proportionately more blacks than the nonrespondent group. (See Tables C-3 and C-4.)

In summary, fully cooperative respondents in both the RSVP and Cleveland samples are, for the most part, representative of the groups from which they were taken. Thus, the extensive program impact analyses can proceed without further concerns regarding sample attrition.

Table C-1 (1)

SOCIOECONOMIC CHARACTERISTICS OF RSVP RESPONDENTS AND NONRESPONDENTS

CHARACTERISTICS	Veteran Volunteers		Round 1 New Volunteers		Round 2 New Volunteers	
	Respondents	Nonrespondents	Respondents	Nonrespondents	Respondents	Nonrespondents
	%	%	%	%	%	%
Sex						
Male	20	24	17	32	23	28
Female	80	77	83	68	77	72
(Sample size)	(441)	(153)	(89)	(66)*	(146)	(29)
Age						
60 to 64	10	9	39	33	37	36
65 to 69	27	23	38	33	27	29
70 to 74	30	26	11	18	23	18
75 to 79	19	23	8	9	8	14
80 to 84	12	14	5	5	6	4
85 and older	3	6	-	2	-	-
Mean age	72	74	67	68	68	68
(Sample size)	(441)	(151)*	(88)	(66)	(146)	(28)
Ethnicity						
White	85	87	84	85	91	90
Black	12	9	15	13	8	7
Other nonwhite	3	3	1	2	1	3
(Sample size)	(442)	(151)	(89)	(60)	(146)	(29)

(Continued)

*Significant at $p<.05$
**Significant at $p<.01$
***Significant at $p<.001$
NOTE: Due to rounding, columns do not necessarily equal 100%

Table C-1 (2)

SOCIOECONOMIC CHARACTERISTICS OF RSVP RESPONDENTS AND NONRESPONDENTS
(Continued)

CHARACTERISTICS	Veteran Volunteers		Round 1 New Volunteers		Round 2 New Volunteers	
	Respondents	Non-respondents	Respondents	Non-respondents	Respondents	Non-respondents
	%	%	%	%	%	%
Marital Status						
Single	6	6	7	8	3	4
Married	40	39	39	41	44	45
Widowed	50	51	44	42	42	41
Divorced/Separated	4	5	10	9	12	10
(Sample size)	(442)	(153)	(89)	(66)	(146)	(29)
Educational Level						
Less than high school graduate	39	50	41	35	40	34
High school graduate	20	23	26	17	22	31
Some college or beyond	41	28	34	49	38	34
(Sample size)	(441)	(152)*	(89)	(66)	(144)	(29)
Annual Income						
Less than $3,600	7	11	5	6	6	-
$3,600 to $4,799	11	15	9	13	8	30
$4,800 to $7,199	24	28	21	23	17	9
$7,200 to $9,599	14	23	20	15	13	30
$9,600 to $14,399	24	14	23	17	17	9
$14,400 or more	21	9	21	26	38	22
Median income	$8,639	$6,917	$8,959	$8,570	$11,126	$8,228
(Sample size)	(406)	(121)	(75)	(47)	(128)	(23)

(Continued)

*Significant at $p<.05$
**Significant at $p<.01$
***Significant at $p<.001$
NOTE: Due to rounding, columns do not necessarily equal 100%

Table C-1 (3)

SOCIOECONOMIC CHARACTERISTICS OF RSVP RESPONDENTS AND NONRESPONDENTS
(Continued)

CHARACTERISTICS	Veteran Volunteers		Round 1 New Volunteers		Round 2 New Volunteers	
	Respondents	Non-respondents	Respondents	Non-respondents	Respondents	Non-respondents
	%	%	%	%	%	%
Living Arrangements						
Independent						
- Living alone	48	45	41	42	45	45
- With spouse (and others)	40	39	39	40	42	41
- With others but no spouse	11	10	18	17	12	14
Institutional	2	7	1	-	1	-
(Sample size)	(442)	(153)	(88)	(66)	(146)	(29)
Project Location						
Rural county	35	36	51	33	42	7
Medium city/rural county	25	26	-	2	6	3
Medium city	21	18	39	46	30	48
Large city/urban county	20	20	10	20	22	41
(Sample size)	(442)	(153)	(89)	(66)	(146)	(29)*

*Significant at $p<.05$
**Significant at $p<.01$
***Significant at $p<.001$
NOTE: Due to rounding, columns do not necessarily equal 100%

Table C-2 (1)

SOCIOECONOMIC CHARACTERISTICS OF RSVP VOLUNTEERS INTERVIEWED IN ROUNDS 1 AND 3

(Data from Initial Round)

CHARACTERISTICS	Veteran Volunteers		Round 1 New Volunteers		Round 2 New Volunteers	
	Round 1	Round 3	Round 1	Round 3	Round 2	Round 3
	%	%	%	%	%	%
Sex						
Male	21	20	23	17	24	23
Female	79	80	77	83	76	77
(Sample size)	(594)	(442)	(155)	(89)	(175)	(146)
Age						
60 to 64	10	10	36	39	37	37
65 to 69	26	27	36	38	28	27
70 to 74	29	30	14	11	21	23
75 to 79	20	19	8	8	9	8
80 to 84	12	12	5	5	5	6
85 and older	3	3	1	-	-	-
Mean age	73	72	67	67	68	68
(Sample size)	(592)	(441)	(154)	(88)	(174)	(146)
Ethnicity						
White	86	85	85	84	91	91
Black	11	12	14	15	8	8
Other nonwhite	3	3	1	1	1	1
(Sample size)	(573)	(442)	(145)	(89)	(175)	(146)

(Continued)

NOTE: Due to rounding, columns do not necessarily equal 100%
Tests of significance were not performed on these data

Table C-2 (2)

SOCIOECONOMIC CHARACTERISTICS OF RSVP VOLUNTEERS INTERVIEWED IN ROUNDS 1 AND 3

(Data from Initial Round)
(Continued)

CHARACTERISTICS	Veteran Volunteers		Round 1 New Volunteers		Round 2 New Volunteers	
	Round 1	Round 3	Round 1	Round 3	Round 2	Round 3
	%	%	%	%	%	%
Marital Status						
Single	6	6	7	7	3	3
Married	40	40	40	39	44	44
Widowed	50	50	43	44	42	42
Divorced/separated	4	4	10	10	11	12
(Sample size)	(593)	(442)	(155)	(89)	(175)	(146)
Educational Level						
Less than high school graduate	42	39	38	41	39	40
High school graduate	21	20	22	26	24	22
Some college or beyond	38	41	40	34	38	38
(Sample size)	(593)	(441)	(155)	(89)	(173)	(144)
Annual Income						
Less than $3,600	8	7	6	5	5	6
$3,600 to $4,799	12	11	11	9	11	8
$4,800 to $7,199	25	24	22	21	16	17
$7,200 to $9,599	16	14	18	20	16	13
$9,600 to $14,399	22	24	20	23	16	17
$14,400 or more	18	21	23	21	36	38
Median income	$8,064	$8,639	$8,304	$8,959	$10,199	$11,126
(Sample size)	(527)	(406)	(122)	(75)	(151)	(128)

(Continued)

NOTE: Due to rounding, columns do not necessarily equal 100%
Tests of significance were not performed on these data

Table C-2 (3)

SOCIOECONOMIC CHARACTERISTICS OF RSVP VOLUNTEERS
INTERVIEWED IN ROUNDS 1 AND 3

(Data from Initial Round)
(Continued)

CHARACTERISTICS	Veteran Volunteers		Round 1 New Volunteers		Round 2 New Volunteers	
	Round 1	Round 3	Round 1	Round 3	Round 2	Round 3
	%	%	%	%	%	%
Living Arrangements						
Independent						
- Living alone	48	48	41	41	45	45
- With spouse (and others)	40	40	40	39	41	42
- With others but no spouse	11	11	18	18	41	12
Institutional	3	2	1	1	1	1
(Sample size)	(595)	(442)	(155)	(88)	(175)	(146)
Project Location						
Rural county	35	35	43	51	36	42
Medium city/rural county	25	25	1	-	6	6
Medium city	20	21	42	39	33	30
Large city/urban county	20	20	14	10	25	22
(Sample size)	(595)	(442)	(155)	(89)	(175)	(146)

NOTE: Due to rounding, columns do not necessarily equal 100%
Tests of significance were not performed on these data

Table C-3 (1)

SOCIOECONOMIC CHARACTERISTICS OF CLEVELAND SAMPLE RESPONDENTS AND NONRESPONDENTS

(Data from Initial Round)

CHARACTERISTICS	Respondents %	Nonrespondents %
Sex		
Male	38	37
Female	62	63
(Sample size)	(1,325)	(284)
Age* **		
64 and younger	1	1
65 to 69	60	50
70 to 74	19	21
75 to 79	13	15
80 to 84	7	13
85 and older		
Mean age	74	75
(Sample size)	(1,325)	(284)
Ethnicity* **		
White	72	83
Black	28	17
Other nonwhite	-	-
(Sample size)	(1,324)	(283)

(Continued)

*Significant at $p<.05$
**Significant at $p<.01$
***Significant at $p<.001$
NOTE: Due to rounding, columns do not necessarily equal 100%

Table C-3 (2)

SOCIOECONOMIC CHARACTERISTICS OF CLEVELAND SAMPLE RESPONDENTS AND NONRESPONDENTS

(Data from Initial Round)
(Continued)

CHARACTERISTICS	Respondents %	Nonrespondents %
Marital Status		
Single	7	8
Married	39	44
Widowed	56	44
Divorced/Separated	7	4
(Sample size)	(1,325)	(284)
Educational Level		
Less than high school graduate	76	79
High school graduate	9	9
Some college or beyond	15	12
(Sample size)	(1,312)	(280)
Median Annual Income	$3,922	$3,747
(Sample Size)	(1,159)	(227)
Living Situation		
Independent		
- Living alone	38	34
- With spouse (and others)	39	45
- With others but no spouse	24	22
Institutional		
(Sample size)	(1,321)	(283)

*Significant at $p<.05$
**Significant at $p<.01$
***Significant at $p<.001$
NOTE: Due to rounding, columns do not necessarily equal 100%

Table C-4 (1)

SOCIOECONOMIC CHARACTERISTICS OF CLEVELAND SAMPLE RESPONDENTS INTERVIEWED IN ROUNDS 1 AND 2

(Data from Initial Round)

CHARACTERISTICS	Respondents	
	Round 1 %	Round 2 %
Sex		
Male	38	38
Female	62	62
(Sample size)	(1,609)	(1,325)
Age		
60 to 64	1	1
65 to 69	31	60
70 to 74	28	19
75 to 79	19	13
80 to 84	13	7
85 and older	8	
Mean age	74	74
(Sample size)	(1,609)	(1,325)
Ethnicity		
White	74	72
Black	26	28
Other nonwhite	+	-
(Sample size)	(1,607)	(1,324)

(Continued)

+Less than 1%

NOTE: Due to rounding, columns do not necessarily equal 100%
Tests of significance were not performed on these data

Table C-4 (2)

SOCIOECONOMIC CHARACTERISTICS OF CLEVELAND SAMPLE RESPONDENTS INTERVIEWED IN ROUNDS 1 AND 2

(Data from Initial Round)
(Continued)

CHARACTERISTICS	Respondents Round 1 #	Respondents Round 2 #
Marital Status		
Single	7	7
Married	40	39
Widowed	46	56
Divorced/Separated	7	7
(Sample size)	(1,609)	(1,325)
Educational Level		
Less than high school graduate	77	76
High school graduate	9	9
Some college or beyond	14	15
(Sample size)	(1,592)	(1,312)
Median Annual Income	$3,886	$3,922
(Sample Size)	(1,386)	(1,159)
Living Situation		
Independent		
- Living alone	37	38
- With spouse (and others)	40	39
- With others but no spouse	24	24
Institutional		
(Sample size)	(1,609)	(1,321)

NOTE: Due to rounding, columns do not necessarily equal 100%
Tests of significance were not performed on these data

APPENDIX D

PANEL COMPOSITION DATA TABULATIONS

LIST OF TABLES

Table #	Table Name	Page #
D-1	Socioeconomic Characteristics of RSVP Volunteers	D-2
D-2	Program Characteristics of RSVP Volunteers	D-5
D-3	Socioeconomic Characteristics of New RSVP Volunteers and U.S. Aged Population	D-6
D-4	Socioeconomic Characteristics of New RSVP Volunteers and Cleveland Aged Population	D-8
D-5	Socioeconomic Characteristics of Active and Inactive RSVP Volunteers	D-10
D-6	Program Characteristics of Active and Inactive RSVP Volunteers	D-13

Table D-1 (1)

SOCIOECONOMIC CHARACTERISTICS OF RSVP VOLUNTEERS

(Round Three Data)

CHARACTERISTICS	RSVP Volunteers			
	Total	Veterans	Round 1 New	Round 2 New
	%	%	%	%
Sex				
Male	21	20	17	23
Female	80	80	83	77
(Sample size)	(677)	(442)	(89)	(146)
Age* **				
60 to 64	13	3	29	30
65 to 69	26	21	38	32
70 to 74	26	29	20	21
75 to 79	19	25	7	10
80 to 84	14	17	7	6
85 and older	3	5	+	+
Mean age	72	74	69	68
(Sample size)	(674)	(441)	(87)	(146)
Ethnicity				
White	86	85	84	91
Black	12	12	15	8
Other nonwhite	2	3	1	1
(Sample size)	(677)	(442)	(89)	(146)

(Continued)

*Significant at p<.05
**Significant at p<.01
***Significant at p<.001
+Less than 1%
NOTE: Due to rounding, columns do not necessarily equal 100%

Table D-1 (2)

SOCIOECONOMIC CHARACTERISTICS OF RSVP VOLUNTEERS

(Round Three Data)
(Continued)

CHARACTERISTICS	RSVP Volunteers			
	Total	Veterans	Round 1 New	Round 2 New
	%	%	%	%
Marital Status				
Single	6	7	7	2
Married	39	36	40	44
Widowed	50	53	45	44
Divorced/separated	6	4	8	10
(Sample size)	(677)	(442)	(89)	(146)
Educational Level				
Less than high school graduate	40	41	41	38
High school graduate	22	21	24	23
Some college or beyond	38	38	36	38
(Sample size)	(676)	(441)	(89)	(146)
Annual Income				
Less than $3,600	4	4	4	5
$3,600 to $4,799	11	11	10	11
$4,800 to $7,199	20	21	23	15
$7,200 to $9,599	15	16	16	9
$9,600 to $14,399	24	23	28	27
$14,400 or more	26	25	20	33
Median Income	$9,599	$9,218	$9,230	$11,490
(Sample size)	(592)	(387)	(82)	(123)

(Continued)

*Significant at p<.05
**Significant at p<.01
***Significant at p<.001
NOTE: Due to rounding, columns do not necessarily equal 100%

Table D-1 (3)

SOCIOECONOMIC CHARACTERISTICS OF RSVP VOLUNTEERS

(Round Three Data)
(Continued)

CHARACTERISTICS	RSVP Volunteers			
	Total	Veterans	Round 1 New	Round 2 New
	%	%	%	%
Living Arrangements				
Independent				
- Living alone	48	50	40	47
- With spouse (and others)	38	35	38	44
- With others but no spouse	13	13	19	10
Institutional	2	2	1	+
(Sample size)	(677)	(442)	(89)	(146)
Project Location				
Rural county	39	35	51	42
Medium city/rural county	17	25	-	17
Medium city	25	21	39	25
Large city/urban county	19	20	10	19
(Sample size)	(677)	(442)	(89)	(146)

*Significant at $p<.05$
**Significant at $p<.01$
***Significant at $p<.001$
+Less than 1%
NOTE: Due to rounding, columns do not necessarily equal 100%

Table D-2

PROGRAM CHARACTERISTICS OF RSVP VOLUNTEERS

(Round Three Data)

CHARACTERISTICS	RSVP Volunteers			
	Total %	Veterans %	Round 1 New %	Round 2 New %
RSVP Service -- Hours				
1 to 2 hours per week	14	12	18	19
3 to 5 hours	34	34	37	36
6 to 10 hours	28	29	26	26
11 or more hours per week	23	25	19	19
Mean hours per week	5.4	5.7	4.6	4.6
(Sample size)	(627)	(425)	(78)	(124)
RSVP Service -- Frequency				
One time per week or less	39	38	44	39
Two or three times per week	37	36	36	44
Four or more times per week	24	26	20	17
(Sample size)	(656)	(442)	(86)	(128)
Types of Activities+				
Arts, crafts, recreation	34	35	37	29
Visiting assistance	31	32	30	29
Clerical/sales	30	31	30	27
Food preparation/delivery	29	27	27	35
Community service	28	27	27	30
(Sample Size)	(652)	(442)	(82)	(128)

*Significant at $p<.05$
**Significant at $p<.01$
***Significant at $p<.001$
+Less than 1%
NOTE: Due to rounding, columns do not necessarily equal 100%

Table D-3 (1)

SOCIOECONOMIC CHARACTERISTICS OF NEW RSVP VOLUNTEERS AND U.S. AGED POPULATION

CHARACTERISTICS	New RSVP Volunteers++ %	U.S. Aged Population+++ %
Sex**		
Male	24	42
Female	76	58
Age**		
60 to 64	37	28
65 to 69	31	25
70 to 74	18	19
75 to 79	9	13
80 to 84	5	8
85 and older	+	6
Ethnicity		
White	88	88
Black	11	8
Other nonwhite	1	4

(Continued)

*Significant at $p<.05$
**Significant at $p<.01$
***Significant at $p<.001$
+Less than 1%
++Represents data collected from Rounds 1 and 2 new volunteers at the time they entered RSVP
+++Represents U.S. population 60 years of age or older. Statistics derived from Tables 253, 262, 264 and 296 of Detailed Population Characteristics United State Summary, PC80-1-D1-A (March 1984)
NOTE: Due to rounding, columns do not necessarily equal 100%

Table D-3 (2)

SOCIOECONOMIC CHARACTERISTICS OF NEW RSVP VOLUNTEERS AND U.S. AGED POPULATION (Continued)

CHARACTERISTICS	New RSVP Volunteers++ %	U.S. Aged Population+++ %
Marital Status*		
Single	5	6
Married	42	52
Widowed	42	33
Divorced/separated	11	9
Educational Level**		
Less than high school graduate	38	57
High school graduate	23	25
Some college or beyond	39	18
Median Income	$9,338	$6,154

*Significant at p<.05
**Significant at p<.01
***Significant at p<.001
+Less than 1%
++Represents data collected from Rounds 1 and 2 new volunteers at the time they entered RSVP
+++Represents U.S. population 60 years of age or older. Statistics derived from Tables 253, 262, 264 and 296 of Detailed Population Characteristics United State Summary, PC80-1-D1-A (March 1984)
NOTE: Due to rounding, columns do not necessarily equal 100%

Table D-4 (1)

SOCIOECONOMIC CHARACTERISTICS OF NEW RSVP VOLUNTEERS AND CLEVELAND AGED POPULATION

CHARACTERISTICS	New RSVP Volunteers++ %	Cleveland Aged Population+++ %
Sex***		
Male	24	38
Female	76	62
(Sample size)	(330)	(1,609)
Age***		
60 to 64	37	1
65 to 69	31	31
70 to 74	18	28
75 to 79	9	19
80 to 84	5	13
85 and older	+	8
Mean age	67	74
(Sample size)	(328)	(1,609)
Ethnicity***		
White	88	74
Black	11	26
Other nonwhite	1	+
(Sample size)	(324)	(1,607)

(Continued)

*Significant at p<.05
**Significant at p<.01
***Significant at p<.001
+Less than 1%
++Represents data collected from Rounds 1 and 2 new volunteers at the time they entered RSVP
+++Represents data collected from the random sample of Cleveland senior citizens in the GAO study of The "Well-Being of Older People in Cleveland, Ohio"
NOTE: Due to rounding, columns do not necessarily equal 100%

Table D-4 (2)

SOCIOECONOMIC CHARACTERISTICS OF NEW RSVP VOLUNTEERS AND CLEVELAND AGED POPULATION
(Continued)

CHARACTERISTICS	New RSVP Volunteers++ %	Cleveland Aged Population+++ %
Marital Status		
Single	5	7
Married	42	40
Widowed	42	46
Divorced/separated	11	7
(Sample size)	(330)	(1,609)
Educational Level***		
Less than high school graduate	38	77
High school graudate	23	9
Some college or beyond	39	14
(Sample size)	(328)	(1,592)
Median Income	$9,338	$3,886
(Sample size)	(273)	(1,386)
Living Arrangements		
Independent		
- Living alone	43	37
- With spouse (and others)	41	40
- With others but no spouse	15	24
Institutional	1	-
(Sample size)	(329)	(1,609)

*Significant at p<.05
**Significant at p<.01
***Significant at p<.001
+Less than 1%
++Represents data collected from Rounds 1 and 2 new volunteers at the time they entered RSVP
+++Represents data collected from the random sample of Cleveland senior citizens in the GAO study of "The Well-Being of Older People in Cleveland, Ohio"
NOTE: Due to rounding, columns do not necessarily equal 100%

Table D-5 (1)

SOCIOECONOMIC CHARACTERISTICS OF ACTIVE AND INACTIVE RSVP VOLUNTEERS

(Round Three Data)

CHARACTERISTICS	RSVP Volunteers						
		Veterans		Round 1 New		Round 2 New	
	Total	Actives	In-actives	Actives	In-actives	Actives	In-actives
	%	%	%	%	%	%	%
Sex							
Male	21	20	21	15	21	24	21
Female	80	80	80	85	79	76	79
(Sample size)	(677)	(398)	(44)	(65)	(24)	(117)	(29)
Age							
60 to 64	13	4	-	27	35	27	41
65 to 69	26	21	21	41	30	33	28
70 to 74	26	29	32	19	22	24	10
75 to 79	19	26	14	8	4	9	14
80 to 84	14	16	25	6	9	6	7
85 and older	3	5	9	-	-	-	-
Mean age	72	74	75	69	68	69	67
(Sample size)	(674)	(397)	(44)	(64)	(23)	(117)	(29)
Ethnicity							
White	86	85	84	86	79	92	90
Black	12	15	16	14	17	8	10
Other nonwhite	2	3	-	-	4	1	-
(Sample size)	(677)	(398)	(44)	(65)	(24)	(117)	(29)

(Continued)

*Significant at $p<.05$
**Significant at $p<.01$
***Significant at $p<.001$
NOTE: Due to rounding, columns do not necessarily equal 100%

Table D-5 (2)

SOCIOECONOMIC CHARACTERISTICS OF ACTIVE AND INACTIVE RSVP VOLUNTEERS

(Round Three Data)
(Continued)

CHARACTERISTICS	RSVP Volunteers						
		Veterans		Round 1 New		Round 2 New	
	Total	Actives	In-actives	Actives	In-actives	Actives	In-actives
	%	%	%	%	%	%	%
Marital Status							
Single	6	7	5	5	13	2	7
Married	39	36	36	40	42	42	52
Widowed	50	53	55	48	38	45	38
Divorced/separate	6	4	5	8	8	11	3
(Sample size)	(677)	(398)	(44)	(65)	(24)	(117)	(29)
Educational Level							
Less than high school graduate	40	41	39	46	25	38	38
High school graduate	22	20	25	23	25	23	24
Some college or beyond	38	39	36	31	50	39	38
(Sample size)	(676)	(397)	(44)	(65)	(24)	(117)	(29)
Annual Income							
Less than $3,600	4	4	8	5	-	5	4
$3,600 to $4,799	11	11	8	10	8	12	4
$4,800 to $7,199	20	22	14	22	25	15	17
$7,200 to $9,599	15	16	22	17	13	9	9
$9,600 to $14,399	24	22	25	29	25	27	26
$14,400 or more	26	25	22	16	29	32	39
Median Income	$9,599	$9,206	$9,299	$8,879	$10,399	$11,199	$12,799
(Sample size)	(592)	(351)	(36)	(58)	(24)	(100)	(23)

*Significant at $p<.05$
**Significant at $p<.01$
***Significant at $p<.001$
NOTE: Due to rounding, columns do not necessarily equal 100%

(Continued)

Table D-5 (3)

SOCIOECONOMIC CHARACTERISTICS OF ACTIVE AND INACTIVE RSVP VOLUNTEERS

(Round Three Data)
(Continued)

	RSVP Volunteers						
		Veterans		Round 1 New		Round 2 New	
CHARACTERISTICS	Total	Actives	In-actives	Actives	In-actives	Actives	In-actives
	%	%	%	%	%	%	%
Living Arrangements							
Independent							
- Living alone	48	50	43	37	50	48	44
- With spouse (and others)	38	35	37	40	38	41	51
- With others but no spouse	13	13	13	22	13	11	6
Institutional	2	2	7	2	-	-	-
(Sample size)	(677)	(398)	(44)	(65)	(24)	(117)	(29)
Project Location							
Rural county	39	35	32	60	25	43	38
Medium city/rural county	17	25	25	-	-	6	7
Medium city	25	21	18	39	71	30	31
Large city/urban county	19	19	25	12	4	21	24
(Sample size)	(677)	(398)	(44)	(65)	(24)	(117)	(29)

*Significant at $p<.05$
**Significant at $p<.01$
***Significant at $p<.001$
NOTE: Due to rounding, columns do not necessarily equal to 100%

Table D-6 (1)

PROGRAM CHARACTERISTICS OF ACTIVE AND INACTIVE RSVP VOLUNTEERS

(Round Three Data)

CHARACTERISTICS	RSVP Volunteers						
		Veterans		Round 1 New		Round 2 New	
	Total	Actives	Inactives	Actives	Inactives	Actives	Inactives
	%	%	%	%	%	%	%
Length of Time in RSVP							
None	3	-	-	-	13	2	55
Two years or less	30	-	-	86	83	98	45
Two to six years	31	44	56	14	4	-	-
More than six years	36	56	44	-	-	-	-
Mean years	5.2	7.4	6.2*	1.9	1.5***	1.0	.3***
(Sample size)	(671)	(394)	(43)	(65)	(23)	(117)	(29)
RSVP Service -- Hours							
1 to 2 hours per week	14	12	10	17	21	19	25
3 to 5 hours	34	34	33	41	21	37	25
6 to 10 hours	28	29	29	23	36	24	42
11 or more hours per week	23	25	28	19	21	21	8
Median hours per week	5.4	5.7	6.2	4.4	6.1	4.5	5.0
(Sample size)	(627)	(383)	(42)	(64)	(14)	(112)	(12)

*Significant at $p<.05$
**Significant at $p<.01$
***Significant at $p<.001$
NOTE: Due to rounding, columns do not necessarily equal to 100%

Table D-6 (2)

PROGRAM CHARACTERISTICS OF ACTIVE AND INACTIVE
RSVP VOLUNTEERS
(Continued)

(Round Three Data)

CHARACTERISTICS	RSVP Volunteers						
		Veterans		Round 1 New		Round 2 New	
	Total	Actives	In-actives	Actives	In-actives	Actives	In-actives
	%	%	%	%	%	%	%
RSVP Service -- Frequency							
One time per week or less	39	37	41	46	35	40	25
Two or three times per week	37	37	25	34	47	42	66
Four or more times per week	24	26	34	20	18	18	8
(Sample size)	(656)	(398)	(44)	(65)	(21)	(115)	(13)
Types of Activities+							
Arts, crafts, recreation	34	35	39	40	24	30	23
Visiting/assistance	31	33	27	32	23	30	15
Clerical/sales	30	30	39	29	35	26	39
Food preparation/delivery	29	28	23	29	18	36	31
Community service	28	28	16	29	18	31	23
(Sample size)	(652)	(398)	(44)	(65)	(21)	(115)	(13

*Significant at $p<.05$
**Significant at $p<.01$
***Significant at $p<.001$
+Adds to more than 100% because of multiple responses
NOTE: Due to rounding, columns do not necessarily equal to 100%

APPENDIX E

RELIABILITY AND VALIDITY OF OARS SCALES

E. RELIABILITY AND VALIDITY OF OARS SCALES

The primary focus of the OARS/MFAQ is, in fact, the measurement of an individual's level of functioning in five areas: social resources, mental outlook, physical health, economic resources and activities of daily living. The modified OARS questionnaire used for the Retired Senior Volunteer Program (RSVP) samples does not include activities of daily living due to the assumed capability of the RSVP population.

The OARS summary scales measuring levels of functioning or impairment represent the primary outcome or dependent variables in several evaluation studies being conducted by ACTION to determine the impact of program participation on senior volunteers. It is, therefore, important that the OARS scales are both reliable and valid measures.

Reliability was assessed in each round of data collection, including this final round, by measuring the consistency with which multiple interviewers (i.e., a primary rater and a secondary rater) rate volunteers on these scales. Validity was determined in the first two rounds of data collection through a series of factor analyses aimed at determining the underlying dimensions of functional impairment measured by specific questionnaire items in relation to the four OARS scales included in the RSVP evaluation. Due to the fact that the validity of the OARS scales was clearly demonstrated in the first two rounds, and that validity is a relatively stable characteristic (more so than reliability) of psychological scales, it was not deemed necessary to reassess it in the final round of data analyses.

1. Interrater Reliability Procedure

The primary rater conducted the interview personally with the volunteer and provided ratings on the OARS scales at the conclusion of the interview. Thus, in addition to answers to specific questions covered in the interview, the primary rater was able to base his/her ratings on appearance, tone of voice, living conditions and other visual cues.

The secondary rater used a "blind" rating process. Without benefit of ever seeing the volunteer or knowing how the primary rater scored the volunteer, the secondary rater provided scores strictly on the basis of information contained in the completed questionnaire.

2. Interrater Reliability Analysis

The consistency between the ratings made by primary and secondary raters was measured by the Pearson Product Moment Correlation coefficient. For each primary-

secondary rater pair, correlations were computed for each OARS dimension. These correlations were then averaged across all rater pairs in order to create a single measure of consistency for each scale. Given the value of personal respondent contact, it was recognized that absolute or perfect agreement was an unreasonable expectation. This was particularly true for some of the scales (e.g., mental outlook) which required considerable subjective judgment rather than reliance upon "hard-core" factual evidence. An average correlation coefficient of .70 or better was chosen a priori to constitute acceptable consistency. This threshold was selected under the assumption that correlations this large would denote high interrater agreement.

3. Interrater Reliability Results

In Round 3 ratings from 57 distinct rater pairs were analyzed. The average correlations for each of the four OARS scales in the current round, along with the results from the previous rounds, are given below.

OARS Dimension	Average Interrater Correlation		
	Round 1	Round 2	Round 3
Social resources	.83	.82	.87
Mental outlook	.78	.75	.80
Physical health	.78	.80	.80
Economic resources	.85	.80	.88

As can be seen, all four average correlations for the final round are at least .80, well above the .70 target. Across rounds, the average correlation tended to increase slightly, which can be attributed to the increased familiarity of the raters with the OARS measures.

4. Conclusion

The results of the interrater consistency analysis clearly demonstrate that the OARS scales are reliable measures. There is strong agreement between primary and secondary raters on each of the four scales, and thus the primary raters' ratings can legitimately be used to measure these functional status dimensions.

APPENDIX F

LEVELS OF FUNCTIONING DATA TABULATIONS

LIST OF TABLES

Table #	Table Name	Page #
F-1	Baseline Functioning Levels of RSVP Volunteers and Cleveland Aged Population	F-2
F-2	Baseline Functioning Levels of Active and Inactive RSVP Volunteers	F-3
F-3	Longitudinal Changes in Levels of Functioning of RSVP Volunteers and Cleveland Aged Population in One Year's Time	F-4
F-4	Longitudinal Changes in Levels of Functioning Among Active and Inactive RSVP Volunteers in One Year's Time	F-5
F-5	Longitudinal Changes in Functional Status Within Volunteer Groups Across All Data Collection Rounds	F-6
F-6	Levels of Functioning of RSVP Volunteers at Round 3	F-7
F-7	Levels of Functioning of Active and Inactive RSVP Volunteers at Round 3	F-8

Table F-1

BASELINE FUNCTIONING LEVELS OF RSVP VOLUNTEERS AND CLEVELAND AGED POPULATION
(Mean OARS Scores)

	Veterans	Round 1 New Volunteers	Round 2 New Volunteers	Cleveland Aged Population
Social resources	1.73	1.66	1.95	2.24
Mental outlook	1.67	1.58	1.87	2.30
Physical health	2.48	2.52	2.44	2.85
Economic resources	1.92	1.81	1.86	2.52
Cumulative impairment score	7.79	7.57	8.12	9.91
(Sample size)	(442)	(89)	(146)	(1,325)

NOTE: Tests of significance were not performed on baseline measures; data used for descriptive purposes only.

Table F-2

BASELINE FUNCTIONING LEVELS OF ACTIVE AND INACTIVE RSVP VOLUNTEERS+
(Mean OARS Scores)

	Veterans		Round 1 New Volunteers		Round 2 New Volunteers	
	Actives	In-actives	Actives	In-actives	Actives	In-actives
Social resources	1.67	2.25	1.69	1.58	1.90	2.17
Mental outlook	1.64	1.93	1.63	1.46	1.81	2.10
Physical health	2.42	3.00	2.52	2.50	2.37	2.72
Economic resources	1.91	1.93	1.80	1.83	1.85	1.90
Cumulative impairment score	7.64	9.11	7.64	7.37	7.93	8.89
(Sample size)	(398)	(44)	(65)	(24)	(117)	(29)

+Defined by participation status at Round 3

NOTE: Tests of significance were not performed on baseline measures; data used for descriptive purposes only.

Table F-3

LONGITUDINAL CHANGES IN LEVELS OF FUNCTIONING OF RSVP VOLUNTEERS AND CLEVELAND AGED POPULATION IN ONE YEAR'S TIME
(Mean OARS Scores)

	Veterans		Round 1 New Volunteers		Round 2 New Volunteers		Cleveland Aged Population	
	1	2	1	2	1	2	1	2
Social resources	1.68	1.64	1.72	1.69	1.99	1.75	2.26	2.31
Mental outlook	1.62	1.63	1.62	1.72	1.85	1.87	2.31	2.33
Physical health	2.45	2.53	2.52	2.42	2.41	2.63	2.86	2.97
Economic resources	1.91	1.72	1.80	1.84	1.90	1.91	2.26	2.31
Cumulative impairment score	7.66	7.53	7.65	7.67	8.15	8.15	9.69	9.93
(Approximate sample size)	(386)		(81)		(123)		(1,180)	

NOTE: Tests of significance were not performed on baseline measures; data used for descriptive purposes only.

Table F-4

LONGITUDINAL CHANGES IN LEVELS OF FUNCTIONING AMONG ACTIVE AND INACTIVE RSVP VOLUNTEERS IN ONE YEAR'S TIME
(Mean OARS Scores)

	Veterans		Round 1 New Volunteers		Round 2 New Volunteers	
	1	2	1	2	1	2
Social Resources						
Actives	1.67	1.62	1.75	1.75	1.96	1.66
Inactives	1.78	1.94	1.59	1.47	2.13	2.13
Mental Outlook						
Actives	1.62	1.61	1.62	1.70	1.81	1.80
Inactives	1.56	1.94	1.59	1.77	2.04	2.17
Physical Health						
Actives	2.44	2.50	2.53	2.38	2.86	2.97
Inactives	2.78	3.17	2.47	2.18	2.52	2.96
Economic Resources						
Actives	1.92	1.73	1.91	1.83	1.92	1.93
Inactives	1.78	1.61	1.41	1.88	1.83	1.83
Cumulative Impairment Score						
Actives	7.65	7.47	7.81	7.77	8.07	7.94
Inactives	7.89	8.67	7.06	7.29	8.52	9.09
(Approximate sample size)	(386)		(81)		(123)	

NOTE: Tests of significance were not performed on baseline measures; data used for descriptive purposes only.

Table F-5

LONGITUDINAL CHANGES IN FUNCTIONAL STATUS WITHIN VOLUNTEER GROUPS ACROSS ALL DATA COLLECTION ROUNDS
(Mean OARS Scores)

	Veterans			Round 1 New Volunteers			Round 2 New Volunteers	
	1	2	3	1	2	3	2	3
Social resources	1.73	1.70	1.77	1.66	1.69	1.63	1.95	1.78
Mental outlook	1.67	1.66	1.78***	1.58	1.73	1.66	1.87	1.86
Physical health	2.48	2.55	2.82***	2.52	2.43	2.69	2.44	2.64***
Economic resources	1.92	1.76	1.88*	1.81	1.85	1.82	1.86	1.85
Cumulative impairment score	7.79	7.68	8.25***	7.57	7.70	7.80	8.12	8.13
(Sample size)		(442)			(89)		(146)	

*Significant at p<.05
**Significant at p<.01
***Significant at p<.001

Table F-6

LEVELS OF FUNCTIONING OF RSVP VOLUNTEERS AT ROUND 3
(Adjusted Mean OARS Scores)+

	Veterans	Round 1 New Volunteers	Round 2 New Volunteers
Social resources	1.89	1.83	1.88
Mental outlook	1.97	1.73	1.86
Physical health	2.91	2.64	2.74
Economic resources	1.96	1.90	2.02
Cumulative impairment score	8.68	8.10	8.41
(Sample size)	(386)	(81)	(123)

*Significant at $p<.05$
**Significant at $p<.01$
***Significant at $p<.001$

+Reflect Round 3 scores after parceling out the confounding effects of baseline functional status scores and age

Table F-7

LEVELS OF FUNCTIONING OF ACTIVE AND INACTIVE RSVP VOLUNTEERS AT ROUND 3
(Adjusted Mean OARS Scores)+

	Veterans		Round 1 New Volunteers		Round 2 New Volunteers	
	Actives	Inactives	Actives	Inactives	Actives	Inactives
Social resources*	1.78	2.00	1.63	2.04	1.65	2.11
Mental outlook*	1.73	2.20	1.63	1.83	1.73	2.00
Physical health*	2.75	3.07	2.58	2.71	2.58	2.91
Economic resources	1.89	2.03	1.94	1.85	2.02	2.03
Cumulative impairment score*	8.15	9.20	7.78	8.42	7.91	8.92
(Sample size)	(350)	(36)	(58)	(23)	(100)	(23)

*Significant at $p<.05$ (within group between active and inactive volunteers)
**Significant at $p<.01$
***Significant at $p<.001$

+Reflect Round 3 scores after parceling out the confounding effects of baseline functional status scores and age

APPENDIX G

PSYCHOLOGICAL/SOCIOLOGICAL SCALE RESULTS

LIST OF TABLES

Table #	Table Name	Page #
G-1	Baseline Psychological/Sociological Status of RSVP Volunteers and Cleveland Aged Population	G-7
G-2	Baseline Psychological/Sociological Status of Active and Inactive RSVP Volunteers	G-8
G-3	Longitudinal Changes in Psychological Status of Active and Inactive RSVP Volunteers and Cleveland Aged Population in One Year's Time	G-9
G-4	Impact of RSVP Participation on Psychological Status	G-10
G-5	Longitudinal Changes in Psychological/ Sociological Status Within Volunteer Groups Across All Data Collection Rounds	G-11
G-6	Longitudinal Changes in Psychological Scales Among Active and Inactive RSVP Volunteers in Each Group	G-12

G. PSYCHOLOGICAL/SOCIOLOGICAL SCALE RESULTS

This appendix includes a detailed discussion of the results and data tabulations on the psychological/sociological scales used as ancillary measures of levels of functioning in the RSVP Impact Evaluation.

Three psychological and sociological scales widely used in gerontological research were examined. The scales were:

- Philadelphia Geriatric Center (PGC) Morale scale
- Short Psychiatric Evaluation Schedule (SPES)
- Srole's Anomia scale

The PGC Morale scale is scored from 0 to 8, with the lower numbers representing high morale (basically positive feelings about oneself) and the higher numbers representing lower morale (generally negative feelings about oneself). The SPES scale measures the presence of psychological symptoms on a scale from 0 to 14, with 0 indicating the absence of any symptoms and 9 or higher indicating the presence of pathology. Srole's Anomia scale, measuring social alienation, provides a continuum from social belonging to social isolation. Scores range from 0 to 5, with higher numbers indicating more alienation.

The psychological status, level of morale, and feelings of social belonging among RSVP volunteers in general reflected a clear sense of well-being and adjustment.

What is the psychological/sociological of RSVP volunteers?

- SPES: relatively few psychiatric symptoms (2.0)
- PGC Morale: generally positive feelings about themselves (2.4)
- Anomia: middle of continuum between social belonging and social isolation (2.4)

The detailed findings are presented in four sections, as follows:

1. Baseline Psychological/Sociological Status of Veteran and New RSVP Volunteers and Cleveland Aged Population
2. Baseline Psychological/Sociological Status of Active and Inactive Volunteers

3. Impact of RSVP Participation versus Nonparticipation on Psychological/Sociological Status

4. Longitudinal Changes in Psychological/Sociological Status within Volunteer Groups

1. Baseline Psychological/Sociological Status of Veteran and New RSVP Volunteers and Cleveland Aged Population

Compared to the general aged population, RSVP participants appeared to be well-adjusted and functioning soundly, when the initial interviews were conducted (see Table G-1).

Upon initial interview, the average SPES score for RSVP volunteers was 2.01, indicating relatively few symptoms and a population that was generally mentally healthy and alert. Once again, the three volunteer groups were not significantly different in their well-being, although veteran volunteers tended to exhibit somewhat fewer symptoms (1.88) than both new volunteer groups (2.19 and 2.17 respectively).

The average score for all volunteers in the PGC Morale scale, measured at the time of their initial interview, was 2.38. The three volunteer panels exhibited only slight variations, with Round 2 new volunteers having slightly higher average scores (2.42) than Round 1 new (2.38) or veteran volunteers (2.37) at that time.

On Srole's Anomia scale, all volunteer groups were in the middle of the continuum, with average scores clustered around 2.25. Again, the differences among the panels were modest, with the Round 1 new volunteers exhibiting slightly more social belonging (2.20) than the veteran or Round 2 new volunteers (2.32 and 2.31 respectively).

Of the three psychological scales, only the SPES scale was administered to the Cleveland sample, thus it was the only one in which program participants and nonparticipants could be compared. On this dimension, all three RSVP groups exhibited somewhat better functioning than the Cleveland sample, as respondents in the Cleveland study had an average of 2.8 symptoms when first interviewed, compared to 2.0 for RSVP participants.

2. Baseline Psychological/Sociological Status of Active and Inactive Volunteers

Although the baseline readings for the psychological scales are not completely uniform across volunteer groups for active and inactive volunteers, the majority of evidence is in agreement with the OARS functional status measures. For both the PGC and SPES scales, the same pattern emerges: initially active volunteers were better off than inactive volunteers

among veteran and new program participants, and inactiveswere slightly better off than actives among Round 1 new volunteers (see Table G-2).

On the SPES scale, veteran and Round 2 new volunteer actives displayed fewer psychological symptoms at the baseline time frame than their inactive counterparts (1.74 versus 3.07 for veterans, 1.93 versus 3.14 for Round 2 new volunteers), while inactive Round 1 new volunteers exhibited less psychological disturbance than active volunteers in this group (2.00 versus 2.26).

Differences between active and inactive volunteers on the PGC Morale scale paralleled those found on the SPES measure, with active veteran and Round 1 new volunteers displaying fewer negative feelings than inactive volunteers (2.26 versus 3.32 for veterans, 2.21 versus 3.28 for Round 2 new volunteers) when these readings were taken. However, the pattern was reversed for Round 1 new volunteers, with inactive volunteers exhibiting higher morale than active volunteers (1.75 and 2.62 respectively).

The pattern changes somewhat on the Anomia scale, where actives functioned better than inactives among both new volunteer groups, but inactives had greater social belonging among veteran volunteers than actives.

3. Impact of RSVP Participation versus Nonparticipation on Psychological/Sociological Status

Of the three psychological scales completed by the RSVP participants in this study, only SPES was administered to the Cleveland sample, thus it is the only psychological dimension on which program participants and nonparticipants can be compared (see Tables G-3 and G-4).

The average number of psychiatric symptoms found among RSVP volunteers in general did not change in one year's time, while the number found among Cleveland seniors dropped slightly from 2.8 to 2.6 on average. Veterans exhibited the lowest number of symptoms on average (1.8) at both year one and two, while Round 1 new volunteers exhibited the most symptoms (average of 2.3) at both years.

After controlling for the baseline scores, program participation status and potentially confounding characteristics, (i.e., age, sex, income), the RSVP volunteer groups and Cleveland seniors were found to be significantly different on this measure. Among volunteers who remained active in RSVP, veteran and Round 2 new volunteers exhibited fewer psychological symptoms than either the Cleveland senior citizens or Round 1 new volunteers. While the latter result cannot be entirely explained (i.e., why Round 1 new volunteers who

Round 1 new volunteers. While the latter result cannot be entirely explained (i.e., why Round 1 new volunteers who remain active do not follow the general RSVP pattern), the difference between most RSVP volunteers and Cleveland seniors (nonvolunteers) continues to reinforce the OARS performance measures and clearly demonstrates thepositive effects on psychological well-being of RSVP participation.

Comparing the inactive RSVP volunteers to nonvolunteers suggests little lasting effects of RSVP participation on psychological adjustment. While no significant differences are found on this dimension among once-affiliated volunteers and nonvolunteers, the former tended to exhibit more psychological symptoms on average (particularly veteran dropouts) than those who had never served.

4. Longitudinal Changes in Psychological/Sociological Status within Volunteer Groups

Looking across all three rounds of data collection, the picture of psychological status mirrors the OARS performance measures, particularly among active and inactive volunteers in each group (see Tables G-5 and G-6).

Virtually no changes in psychological status occurred among RSVP volunteers in general during the evaluation period. Both veteran and new volunteers showed signs of a positive outlook, social integration and psychological adjustment. Differences did occur, however, within volunteer groups among active and inactive volunteers.

. Veteran volunteers

The results for the SPES and PGC scales are very similar, with active volunteers exhibiting significantly fewer symptoms and better morale than inactive volunteers at each round, especially Round 3. This pattern is present to a lesser extent for the Anomia scale, although the difference between active and inactive volunteers is not significant.

. Round 1 new volunteers

Again, the results for the three psychological scales are different for this sample of RSVP participants than those found among veteran volunteers. On the SPES measure, active and inactive volunteers are not significantly different at any of the data collection rounds, although active volunteers tend to have higher scores (i.e., more psychological symptoms) than inactives. However, on both the PGC and Anomia scales, these groups are significantly different, with inactive volunteers generally displaying greater psychological well-being than active volunteers.

. Round 2 new volunteers

The findings for Round 2 new volunteers are similar to those found for veterans. Across the two rounds of data collection for this panel, active volunteers continue to exhibit greater psychological adjustment (SPES) and communicate more positive feelings about themselves (PGC) than do inactive volunteers. The same trend emerges on social alienation (Anomia scale) although the difference between active and inactive volunteers is not statistically significant.

Table G-1

BASELINE PSYCHOLOGICAL/SOCIOLOGICAL STATUS OF RSVP VOLUNTEERS AND CLEVELAND AGED POPULATION
(Means)

	Veterans	Round 1 New Volunteers	Round 2 New Volunteers	Cleveland Aged Population*
SPES	1.88	2.19	2.17	2.80
PGC Morale	2.37	2.38	2.42	-
Anomia	2.32	2.20	2.31	-
(Sample Size)	(442)	(89)	(146)	(1,325)

+PGC Morale and Anomia Scales were not included in GAO study

NOTE: Tests of significance were not performed on baseline measures; data used for descriptive purposes only.

Table G-2

BASELINE PSYCHOLOGICAL/SOCIOLOGICAL STATUS OF ACTIVE AND INACTIVE RSVP VOLUNTEERS
(Means)

	Veterans		Round 1 New Volunteers		Round 2 New Volunteers	
	Actives	Inactives	Actives	Inactives	Actives	Inactives
SPES	1.74	3.07	2.26	2.00	1.93	3.14
PGC Morale	2.26	3.32	2.62	1.75	2.21	3.28
Anomia	2.34	2.14	2.02	2.71	2.28	2.41
(Sample size)	(398)	(44)	(65)	(24)	(117)	(29)

NOTE: Tests of significance were not performed on baseline measures; data used for descriptive purposes only.

Table G-3

LONGITUDINAL CHANGES IN PSYCHOLOGICAL STATUS OF ACTIVE AND INACTIVE RSVP VOLUNTEERS AND CLEVELAND AGED POPULATION IN ONE YEAR'S TIME
(Means)

	Veterans		Round 1 New Volunteers		Round 2 New Volunteers		Cleveland Aged Population*	
	1	2	1	2	1	2	1	2
SPES	1.84	1.84	2.27	2.33	2.11	1.98	2.79	2.63
Actives	1.83	1.78	2.39	2.47	1.90	1.70	-	-
Inactives	2.00	3.11	1.82	1.82	3.04	3.17	-	-
(Sample size)	(386)		(81)		(123)		(1,063)	

+PGC Morale and Anomia Scales were not included in GAO Study
NOTE: Tests of Significance were not performed on these measures; data used for descriptive purposes only.

Table G-4

IMPACT OF RSVP PARTICIPATION ON PSYCHOLOGICAL STATUS
(Adjusted Year Two Means)+

	Veterans	Round 1 New Volunteers	Round 2 New Volunteers	Cleveland Aged Population
SPES				
Actives*	2.08	2.51	2.08	2.43
Inactives	3.49	2.40	2.96	2.59
(Sample size)	(386)	(81)	(123)	(1,063)

*Significant at $p<.05$
**Significant at $p<.01$
***Significant at $p<.001$

+Reflect Year Two scores after parceling out the confounding effects of baseline scores, age and income

Table G-5

LONGITUDINAL CHANGES IN PSYCHOLOGICAL/SOCIOLOGICAL STATUS WITHIN VOLUNTEER GROUPS ACROSS ALL DATA COLLECTION ROUNDS

	Veterans			Round 1 New Volunteers			Round 2 New Volunteers	
	1	2	3	1	2	3	2	3
SPES	1.87	1.92	1.99**	2.19	2.30	1.99	2.17	2.00
PGC Morale	2.37	2.46	2.47	2.38	2.15	2.29	2.42	2.31
Anomia	2.47	2.41	2.38	2.62	2.46	2.66	2.31	2.48
(Sample size)		(442)			(89)		(146)	

*Significant at $p<.05$
**Significant at $p<.01$
***Significant at $p<.001$

Table G-6

LONGITUDINAL CHANGES IN PSYCHOLOGICAL SCALES AMONG ACTIVE AND INACTIVE RSVP VOLUNTEERS IN EACH GROUP
(Mean Scores)

	Veterans			Round 1 New Volunteers			Round 2 Volunteers	
	1	2	3	1	2	3	1	2
SPES								
Actives	1.74	1.81	1.79***	2.26	2.35	2.12	1.93	1.68**
Inactives	3.07	2.98	3.75	2.00	2.17	1.63	3.14	3.28
PGC								
Actives	2.26	2.34	2.32***	2.62	2.06	2.55*	2.21	2.13**
Inactives	3.32	3.59	3.77	1.75	2.38	1.58	3.28	3.03
Anomia								
Actives	2.44	2.37	2.34	2.83	2.68	2.77*	2.28	2.46
Inactives	2.66	2.80	2.70	2.04	1.88	2.38	2.41	2.55

*Significant at $p<.05$
**Significant at $p<.01$
***Significant at $p<.001$